



Builder's Risk Questionnaire

Named Insured: _____

Designated Contractor: _____

Project Name: _____

Project Description: _____

Location: _____

Construction Details:

Walls: _____

Floors: _____

Roof: _____

of Stories: _____

Sq. Footage: _____

Occupancy: _____

Project/Contract Cost: _____

Temporary Location Limit: _____

Transit Limit: _____

Soft Costs Limit: _____

Deductibles: _____

Start Date: _____ **Completion Date:** _____

Specifications: _____ Full earthquake and flood coverage including sewer back-up.

_____ Special Perils including testing and mechanical breakdown.

_____ Named Insureds to include owner, sub-contractors of all tiers,

_____ material suppliers and dealers as their interests may appear.
