



Supplemental Questionnaire for Builders' Risk

This is a supplemental questionnaire to the ACORD 125 application and Statement of Values (SOV). Project financials, scope of work document, and restoration & demolition cost of project documentation should all be attached. An overview of owners, investors, and contractors involved in the project should be included as well.

PLEASE REVIEW THIS COVERAGE CAREFULLY AND DISCUSS THE COVERAGE HEREUNDER WITH YOUR INSURANCE AGENT AND YOUR ATTORNEY.

| Applicant Information | |
|---|--|
| Applicant Name: | |
| DBA: | |
| Name of Contractor: (if different) | |
| Are any of the organization's locations certified historic structures listed on the National Register of Historic Places or are within a certified Historic District and deemed eligible for the National Historic Register? If "yes", please list all locations: | |
| | |

| Project Timeline Information | |
|--|--|
| 1. Estimated start date of project: | |
| 2. Estimated completion date of project: | |
| 3. Project currently under construction? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If "yes", Original start date: | |
| 4. Estimated term of construction: | Months |
| | % Completed |
| | Values Completed |

| Project Coverage (must be checked) | |
|------------------------------------|----------|
| 1. Existing structure: | \$ _____ |
| 2. New Construction: | \$ _____ |
| 3. Soft Costs: | \$ _____ |
| 4. In-transit: | \$ _____ |
| 5. Federal Tax Credit: | \$ _____ |
| 6. State Tax Credit: | \$ _____ |

| Deductibles: All Other Perils | | | | |
|--|-----------------------------------|-----------------------------------|-----------------------------------|--|
| CATASTROPHE PERIL DEDUCTIBLES WILL BE DETERMINED BY THE COMPANY. | | | | |
| \$5,000 <input type="checkbox"/> | \$10,000 <input type="checkbox"/> | \$25,000 <input type="checkbox"/> | \$50,000 <input type="checkbox"/> | Other: \$ _____ <input type="checkbox"/> |

Project Information

| | | | |
|---|--|---|--|
| Location Address: | | | |
| City, State, Zip: | | | |
| Public Protection Class: | | | |
| City Limits: | Inside <input type="checkbox"/> Outside <input type="checkbox"/> | | |
| Total SQ. FT. area: | | | |
| # of Buildings: | | | |
| Approximate distance between nearest buildings: | | | |
| # of stories: | | | |
| Intended occupancy: | | | |
| Construction Type: | Frame <input type="checkbox"/> | Masonry Joist <input type="checkbox"/> | |
| | Noncombustible <input type="checkbox"/> | Masonry Noncombustible <input type="checkbox"/> | |
| | Fire Resistive <input type="checkbox"/> | | |
| Nearest exposed structure: | Occupancy: | | |
| | Distance to: | | |
| | Construction Type: | | |
| Does this project include upgrading to: | Roofing <input type="checkbox"/> | Plumbing <input type="checkbox"/> | |
| | Electrical <input type="checkbox"/> | HVAC <input type="checkbox"/> | |
| Does this project include construction to load bearing walls? If "yes", please include a Structural Report. | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Will this project involve the installation of a sprinkler system? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is there adequate fire alarm protection during demolition, building preparation, and construction? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Historic Tax Credit

| | | | |
|--|------------------------|----------------------|--------------------------|
| 1. Are there Federal, State, or Municipal tax credit incentives attached to any of the organization's locations? If "yes", please describe in detail and include location address. | | | |
| | | | |
| | | | |
| 2. Tax Credit amount: | | | |
| | Federal Program | State Program | Municipal Program |
| Year 1 | \$ | \$ | \$ |
| Year 2 | \$ | \$ | \$ |
| Year 3 | \$ | \$ | \$ |
| Year 4 | \$ | \$ | \$ |
| Year 5 | \$ | \$ | \$ |
| TOTALS: | \$ | \$ | \$ |
| Total Rehabilitation Tax Credit from all sources: \$ | | | |

Site Security

| | | |
|---|------------------------------|-----------------------------|
| 1. Site storage? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Site lighted? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Site fenced? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 4. Doors and windows secured? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 5. Watchman service on site during all non-working hours? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 6. Hours on site: | AM/PM | AM/PM |

Loss Control

| | | |
|---|------------------------------|-----------------------------|
| 1. Debris removed from site at regular intervals? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "yes", frequency: | | |
| 2. Public water supply in service at site? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Brush area? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If "yes", clearance from site? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Miscellaneous

Provide any additional information available about the project (wind speed design, special construction features, mortgage holder, loss payee, etc.):

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Disclaimer and Signature

The undersigned is an authorized representative of the Applicant and certifies that reasonable investigation and inquiry has been made to obtain the answers to questions on this questionnaire. When providing information for purposes of requesting a renewal, if applicable, the Applicant has carefully reviewed the prior questionnaire to ensure that the Insurer has been provided with updated information. The undersigned certifies that the answers are true, correct, and complete to the best of his/her knowledge.

By: _____

Date: _____

Title: _____

Licensed Producer, Broker,
or Agent:

License Number:

COVERAGE CANNOT BE ISSUED UNLESS THE QUESTIONNAIRE IS PROPERLY SIGNED AND DATED.