

# BUILDERS RISK QUESTIONNAIRE

BID DATE: \_\_\_\_\_

CONTRACTOR NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

1 PROJECT NAME: \_\_\_\_\_

2 JOB OWNER NAME: \_\_\_\_\_

3 ESTIMATED DATE FOR START OF JOB (ONSITE WORK): \_\_\_\_\_

4 ESTIMATED COMPLETION DATE (ONSITE WORK): \_\_\_\_\_

5 TOTAL CONTRACT PRICE: \_\_\_\_\_

6 LOCATION: \_\_\_\_\_ PROT CLASS \_\_\_\_\_

7 HYDRANTS AVAILABLE?                      YES                       NO   
*(Number & Distance from Jobsite)*

8 TYPE OF CONSTRUCTION: *(DETAILED DESCRIPTION OF FLOOR, WALL, ROOF/ROOF SUPPORT, FRAME (STEEL, TIMBER, REINFORCED CONCRETE, %, ETC.), CONSTRUCTION. INCLUDED O/S WALL MATERIAL. AND/OR ATTACH SUPPLEMENT IF NEEDED INCLUDING COPY OF OVERALL SITE PLAN IF AVAILABLE..*

9 NUMBER OF STORIES \_\_\_\_\_ NUMBER OF BUILDINGS \_\_\_\_\_

10 SQUARE FOOTAGE OF EACH BUILDING \_\_\_\_\_

11 JOB SITE SECURITY: \_\_\_\_\_

### OPTIONAL LIMITS/ENDORSEMENTS:

➤ EARTHQUAKE COVERAGE:	YES <input type="checkbox"/>		NO <input type="checkbox"/>
➤ FLOOD COVERAGE:	YES <input type="checkbox"/>		NO <input type="checkbox"/>
<i>RISK IN 100 YEAR FLOOD PLAIN?</i>	YES <input type="checkbox"/>		NO <input type="checkbox"/>
➤ TRANSIT COVERAGE:	YES <input type="checkbox"/>	LIMIT _____	NO <input type="checkbox"/>
➤ OFF-SITE COVERAGE	YES <input type="checkbox"/>	LIMIT _____	NO <input type="checkbox"/>
➤ DELAYED LOSS OF USE (BI/RENTS)	YES <input type="checkbox"/>	LIMIT _____	NO <input type="checkbox"/>
➤ TESTING <i>(Please Provide Details)</i>	YES <input type="checkbox"/>		NO <input type="checkbox"/>
➤ SOFT COSTS <i>(Please Provide Breakdown)</i>	YES <input type="checkbox"/>	LIMIT _____	NO <input type="checkbox"/>
➤ PERMISSION FOR PARTIAL OCCUPANCY?	YES <input type="checkbox"/>		NO <input type="checkbox"/>
➤ OTHER – PLEASE DESCRIBE	_____		