

BUILDER'S RISK QUESTIONNAIRE

Completion of this questionnaire will help your Underwriter provide the most accurate program terms and conditions as possible.

SECTION 1 – GENERAL INFORMATION

Named Insured(s):

Project Owner(s):

General Contractor / Construction Manager:

Have the Project Owner(s) and contractor worked together before?:

If so, how many projects of similar scope has GC/CM completed?:

Average tenure of Risk Management Department:

Project Location (Address or Lat/Long):

Insured Contact:

Name:

Title:

Ph:

SECTION 2 – COVERAGE REQUESTS

Project Value:

Construction Hard Costs: \$

Owner Purchased FFE: \$

DSU / Soft Costs: \$

(Please provide breakdown of Earnings, Rental Income and Soft Costs)

Policy Loss Limit Desired?:

If 'Yes', please provide limit: \$

Property Damage Deductible: \$

Delay / Soft Cost Deductible: Days – Waiting Period

Natural Catastrophe Coverage:

Earthquake Limit: \$

Earthquake Deductible:

Named Storm Limit: \$

Named Storm Deductible:

Flood Limit: \$

Flood Deductible:

Water Damage Limit: \$

Water Damage Deductible: \$

SECTION 3 – PROJECT SPECIFIC DETAIL

Construction Scope & Type (please describe construction materials used for building frame, walls and roof as well as its intended occupancy and description of work):

Project Term:

Anticipated Start Date:

Anticipated Completion Date:

Please proceed to Page 2 →

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Project Detail:

Total Square Footage:

of Stories Above Grade:

of Stories Below Grade:

Will there be a below grade garage?:

Where will Mech. Equip be stored?:

Will there be any retail / restaurants?:

Will there be any unique construction features?

If 'Yes' then please explain further:

Will this project include any renovation work?:

If so, will it be non-structural, structural or seismic retrofit?:

Project turned over in phases or occupied prior to total completion?:

(Please provide details around turnover & occupancy, etc.)

SECTION 4 – SITE PROTECTION

Fire Department Information:

Distance to nearest responding department:

Type of Fire Department (Paid, Volunteer):

Will there be operational hydrants on-site?:

If 'No', are there plans to install any?:

Are procedures in place / meetings held by local site management and the fire department?:

Site Security:

Will the site be completely fenced in?:

Will the site be lighted?:

Will there be security staffed on-site?:

On-Site Security (select all that apply):

Weekends Only: ☐

Off-Hours Only: ☐

24hrs / 7 days: ☐

Other (explain): ☐

SECTION 5 – NATURAL CATASTROPHE EXPOSURES

Earthquake / Earth Movement:

Has the design included local EQ building codes?:

If a renovation, will the work include seismic retrofitting?:

Geotechnical Report Completed and all recommendations followed?:

(Please provide copy of Executive Summary)

Named Storm:

Building Structural Wind Load is designed to:

MPH

Will Roof Clips be used?: Select

If exterior will be glass, will it be rated as impact resistant?:

If so, what MPH rating will be used?:

Flood:

Finished Floor Elevation (FFE):

Flood Zone A or B?:

Elevation at lowest point on site:

Dewatering Systems Anticipated?:

Will there be back-up power?:

Is there an Emergency Preparedness Plan developed and in place?

If 'Yes' does it include:

Pre-planning and site preparation for potential event(s)?

Flood / Surge Events?

Named Storm / Hurricane Events?

Please proceed to Page 3 →

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SECTION 6 – OTHER EXPOSURES

Hot Testing:

Will there be any Hot Testing exposure present?:

("Hot testing" means the testing of machinery or equipment that will be used in manufacturing, processing or power generation operations, when such machinery or equipment involves the use of feedstock, fuel, catalysts or similar materials, for the purpose of simulating load, operating or production conditions to train personnel or to verify the machinery or equipment functions according to the design specifications.)

If 'Yes', what is being tested?:

Duration of testing: Days

Who will perform the testing?:

Crane Usage:

How many cranes will be on-site at once?:

Operators will be Certified?:

Will there be any tandem lifts?:

of Cranes by Type used:

Mobile / Crawler:

Tower Cranes:

Damage to Existing Property:

Value of Existing Property to be insured: \$

Limit requested for Existing Property: \$

Coverage – Course of Construction activities or All Risk?:

Age / Construction Type and Sq Ft. of Existing Structure?:

Quality Assurance / Quality Control:

Will there be third party consultants on-site?:

Is there a project specific QA/QC program?:

Dedicated QA/QC Representative on-site?:

Please also provide a copy of the construction breakdown, construction schedule / flow chart, project site plan and any other pertinent information as deemed necessary.

Insured Representative:

Title:

Date:

Thank you very much for your time and we appreciate you thinking of Zurich for your builder's risk insurance needs!

END OF QUESTIONNAIRE

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