

# Supplemental Course of Construction/Builders Risk Questionnaire



1. Insured:

Insured Location

2. Type of Property: SFR      Duplex      Triplex      Fourplex      Other  
If Other, please explain

3. Is Property: Existing Building      New Building  
If Existing will construction be: Renovation      Addition      Other  
If Other, please explain

4. Expected Start Date:      Expected Completion Date:

5. Intended occupancy upon completion:  
Primary      Secondary      Seasonal      Rental      Other  
If Other, please explain

6. Provide general description of construction work to be done: (Copy of contract with General Contractor will be needed at time of binding):

7. Limit of Insurance:      Before Construction      After Completion

8. Square Footage

9. Will Property be fenced during construction? Yes      No

10. Will any construction materials be stored at an offsite location? Yes      No  
If Yes, please explain:

Contractor name:

Website:

Address / City:

**A Certificate of Insurance provided by the General Contractor and all sub contractors will be required at time of binding.**