



## BUILDER'S RISK WORKSHEET

**ALL QUESTIONS MUST BE COMPLETED IN ORDER TO REVIEW FOR QUOTATION**  
For projects > \$10 million, include bid/cost summary

Named Insured: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Is the Named Insured: Owner: Yes  No  General Contractor: Yes  No  Other: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_ County: \_\_\_\_\_  
 Website Address: \_\_\_\_\_ Years in Business: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_ Agent Number: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_  
 Job Site Address: \_\_\_\_\_  
 Project Description: \_\_\_\_\_

Limits of Insurance:	Limit	Deductible
Completed Value	\$	\$
Property in Transit	\$	
Property at Any Temporary Storage	\$	
Flood	\$	\$
Earthquake	\$	\$

Soft Costs	
Loan Interest:	\$
Real Estate Taxes	\$
Architect, Engineering & Consultant Fees	\$
Legal and Accounting Fees	\$
Advertising & Promotional Expenses	\$
Other:	\$
<b>Total Soft Costs</b>	\$

Rental Income Limit: \_\_\_\_\_ Soft Costs/ Rental Income Waiting Period \_\_\_\_\_ Days

New Construction: Yes  No  Protection Class: \_\_\_\_\_ Hydrants on Site: Yes  No   
 Construction Type: \_\_\_\_\_ Intended Occupancy: \_\_\_\_\_  
 Number of Stories: \_\_\_\_\_ Above Ground: \_\_\_\_\_ Below Ground: \_\_\_\_\_ Square Feet: \_\_\_\_\_  
 Surrounding Exposures: \_\_\_\_\_  
 Site Security:  Fenced  Lighted  Controlled Entry  Contracted Watchman  
 Coastal Exposure: Yes  No  Flood Zone: \_\_\_\_\_ Distance to Zone A or V: \_\_\_\_\_ Elevation: \_\_\_\_\_  
 Earthquake Exposure: \_\_\_\_\_  
 General Contractor Years in Business: \_\_\_\_\_ Does Selective Write the Bonds? Yes  No   
 Experience \_\_\_\_\_  
 Miscellaneous Information: \_\_\_\_\_

## RENOVATIONS OR ADDITIONS QUESTIONNAIRE

Renovation projects with Structural Changes are restricted, and any consideration must be discussed with Corporate Underwriting. Structural Changes may include the removal, addition or replacement of any load bearing walls, supports, beams, columns, roof trusses, foundations, or the addition of new stories, atriums, elevators or stairwells.

Does Selective write any other policies covering property at the jobsite location? Yes  No

If Yes, provide Policy # \_\_\_\_\_

Does this project include any structural changes to an existing building, including vertical construction, adding/replacing support components, raising, moving structures etc? Yes  No

Limit of Insurance for Addition: \$ \_\_\_\_\_ Limit of Insurance for Renovation: \$ \_\_\_\_\_

Age of Existing Building: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Number of Stories: \_\_\_\_\_ Construction Type: \_\_\_\_\_

Previous Occupancy: \_\_\_\_\_ Intended Occupancy: \_\_\_\_\_

Currently Vacant: Yes  No  If Yes, how long vacant: \_\_\_\_\_

Occupied During Construction: Yes  No  Historic Designation: Yes  No

Indicate the Private Protection applicable and if it will be fully operational during construction:

Operational Automatic Sprinkler System: Yes  No

Operational Sprinkler System Alarm: Yes  No

Operational Central Station Fire Alarm: Yes  No

Operational Central Station Burglar Alarm: Yes  No

Describe in detail the Addition, Renovation or combination Addition and Renovation work to be performed. Attach any available diagrams, job cost summary or construction schedule: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---