



Builders Risk Contractors' Questionnaire

0308 Ed Date

Applicant/Business Name: _____ FEIN# _____

Street/City/County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Effective Date: _____ Expiration Date: _____ D&B# _____

Contractor Name if different from Applicant: _____

1. # Years Contractor has been in business: Under above name? _____. Under all business names? _____

2. Type of Contractor (homebuilder, remodeler, plumbing, excavation, carpentry, etc.): _____

3. Provide 4 years Company Loss Experience to include Builders Risk

4. If homebuilder:

a. # of starts projected for this year: _____, Last year _____, 2nd prior year _____, 3rd prior year _____

b. AVG Home Construction Cost: _____ (AVG Construction Cost = Sales price less profit & land)

AVG Profit: _____ AVG Land Cost: _____ AVG # months to build: _____

c. Construction Cost Range: _____ Sales Price Range: _____

d. Gross Sales/Revenue projection this year: _____ Last year: _____

5. Builders Risk Coverage. Indicate the coverage options you would like quoted:

a. Limits: Maximum Limit any one House: _____ Maximum Limit any one Loss: _____

Temporary Location Limit: _____ Transit Limit: _____

Reasonable Profit \$25,000 Soft Costs Coverage Furniture & Appliances

Model Homes: # Models: ____ AVG Construction Cost: _____ AVG Profit: _____

Model Contents: Average Contents: _____ AVG Months as Model: _____

Inventory Homes: # Homes: ____ AVG Construction Cost: _____ AVG Months in Inventory: _____

Earthquake Coverage Earthquake Zone Required: _____ Limit: _____

Flood Coverage Flood Zone Required: _____ Limit: _____

b. Deductible Desired: \$1,000 \$2,500 \$5,000 Other: _____

c. Fire Protection: Indicate which of the following apply to the areas where you build.

Protection Classes(PC): 1-5, 6-8, 9-10. Fire Depts: Paid, Volunteer

Distance to: Fire Dept: 5 miles or less, Over 5 miles,

Distance to: Fire Hydrant: 1000' or Less, Over 1000'

d. Water: (1) At what point in the construction phase is water brought in to activate new Fire Hydrants?

(2) Do you build near Coastal Waters? Yes, No. If yes, # miles from coast? _____

e. Homes: What is the maximum # completed homes (you still own) or under construction at one time that are separated by less than 150' _____ What's the typical # of homes meeting these conditions? _____

f. If Fire Hydrant is over 1,000' or Fire Dept is over 5 Miles Away: Describe in detail the available private fire protection to ensure an adequate supply of water & the ability to get it to the fire:



g. **Site Security:** Describe in detail: _____

h. **Single Shot Quote** (If applicable): **Complete the following:** Protection Class: 1-5, 6-8, 9-10
 Estimated Start Date: _____ Completion Date: _____ Dwelling Limit: _____
 Temporary Location Limit: _____ Transit Limit: _____ Deductible: _____
 Location Address (street, city, state, Zip): _____

_____ Miles from coast, if 50 or less: _____

Distance to Fire Dept: _____ Is Fire Dept Paid , or Volunteer

Is the Fire Hydrant within 1000'? Yes, No

If the working Fire Hydrant is more than 1000', or the Fire Dept is more than 5 Miles, complete "f" above.

6. **Remodeling/Renovation work:** # jobs projected this year _____. # many last year? _____

Avg job cost (labor & materials): _____ Provide the average duration of your jobs: _____

Model Homes Addresses	Completed Value
Homes in Inventory Addresses	Completed Value

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the Applicant and acknowledges that the information provided above and with the application, including supplements, attachments, and replies to the underwriter inquiries, and applications from other insurance companies which have been submitted to NSM, Inc. or its subsidiaries and made a part of the application:

1. Will be relied upon by NSM, Inc. in determining the acceptability of the prospective Name Insured and the premium to be charged;
2. Are true, accurate, and complete; and
3. Will be an integral part of any resultant contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update the application, including all supplements, attachments and replies to underwriter inquiries. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or a claim containing any false or deceptive information, or conceals information concerning any fact material thereto, commits a fraudulent act, which may be a crime.

Applicant's Signature: _____

Date: _____