



Builders' Risk—New Construction Supplemental Questionnaire

APPLICANT INFORMATION

NAMED INSURED _____

SOCIAL SECURITY # _____

FEIN _____

INSURED ADDRESS _____

SUPPLEMENTAL UNDERWRITING INFORMATION

Applicant is: Individual
Partnership
Corporation
Joint venture
Other

Interest of applicant: Owner
Contractor
Other

Mortgagee/loss payee name: _____ Address: _____

Website: _____

Inspection contact name: _____

Inspection contact phone: _____

Has contractor engaged in this type of work before? Yes No

If yes, or how many years? _____

Policy term:

From _____ to _____ Quote needed by: _____

Location of project:

Address, intersection or GPS coordinates:

Description/nature of project:

Limits of insurance:

Job site limit: _____

Storage locations limit: _____

Transit limit: _____

Limit per disaster: _____

Deductible: \$1,000 \$10,000
\$2,500 \$25,000
\$5,000 Other

Construction: Frame
Joisted masonry
Non-combustible
Masonry non-combustible
Fire resistive/Modified FR

Type of project: New construction (ground-up)
Renovation/Interior finish out

Roof type: _____ Support/framing studs: _____

Number of structures: _____ Number of floors above ground: _____

Total square feet: _____ Number of floors below ground: _____

Estimated time to complete project: _____ years and _____ months

Is construction lift slab, tilt-up or prototype? Yes No

Is the project on filled land? Yes No

If yes, are pilings used? Yes No

Occupancy:

Protection:

Public protection class: _____ Distance to fire hydrant (ft): _____

Fire department: Paid
Volunteer

Describe job site security (such as lighting, fencing, locks, cameras, guard, etc.):

Will sprinklers be activated during construction? Yes No

If yes, at what percent of completion? _____

Rating number of hours: _____

Exposures—describe exposure from surrounding structures within 120 feet:

If applicable:

Flood:

Flood means waves, tides, tidal waves, overflow of any body of water, or their stray, all whether driven by wind or not.

Is flood coverage desired? Yes No

Flood limit: _____ Flood deductible: _____

Is job site in a National Flood Insurance Program Special Flood Hazard Area? Yes No

Attach Flood Zone Determination and Site Plan with elevations, if available.

Earthquake:

Is earthquake coverage desired? Yes No

Earthquake limit: _____ Earthquake deductible: _____

Soft costs (Extra expense and rental income):

Is soft cost coverage desired? Yes No

If yes, check the type desired and specify the annual or full dollar amount applicable to the job site. Show the full amount of exposure. Limit of Insurance may be less.

Extra expense	Annual or Full Dollar Amount
Advertising	\$
Design fees	\$
Professional fees	\$
Interest	\$
Lease administration	\$
Realty taxes	\$
Other _____	\$
Total extra expense values:	\$

Rental income
 Total rental income values: \$

Limit of Insurance requested for:
 Extra expense \$
 Rental income \$

Is permission to occupy desired? Yes No
 If yes, at what percent and time frame? _____

Remarks:

N.J. Law P.L 1995, c. 132: Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

For PA Submissions:
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name	Agent's Name
Title	Agent's Signature Date
Owner or Officer's Signature	Date Expiring policy number, if applicable