**Project Builders Risk Questionnaire**

**SECTION 1 – GENERAL INFORMATION**

**First Named Insured:** First Named Insured for Project

**Project Owner & Mailing Address:** Project Owner Name

Has Owner and Contractor worked together before?

Yes; # of times times

No; no prior relationship / 1st job

Street, City, State Zip

**General Contractor & Address:** General Contractor Name

Street, City, State Zip

**Design Engineering Firm:** Engineering Firm Name

**Project Name:** Name of Project

**Project Location:** Enter Street Address or Lat / Long

**Construction Timeline:**

|  |  |  |
| --- | --- | --- |
| **Effective Date:** Enter Effective Date | to | **Expiration Date:** Enter Expiration Date |

**SECTION 2 – REQUESTED TERMS AND CONDITIONS**

**Project Values:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Hard Costs: | $Enter HC incl. FFE | Policy Loss Limit: | $ |
|  | Delay in Completion: | $Enter total Delay |  | *(Leave blank if not requested)* |
|  | Loss of Income | $ | Period of Indemnity: | # of Days Days |
|  | Loss of Rents | $ |  |  |
|  | Contractor Soft Costs | $ | Existing Property: | $ |
|  | Owner Soft Costs | $ |  |  |

*Enter Delay in Completion component above as appropriate.*

**Deductibles:**

**Physical Damage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All Other Perils: | $Enter AOP |  | Severe Convective Storm: | $Enter SCS / Hail |
|  | Water Damage: | $Enter Water Damage |  | Wildfire: | $Enter Wildfire |
|  | Earth Movement: | $ Enter Earthquake |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Flood: | $ Enter Flood |  | Existing Property: | $Enter Existing Prop |
|  | Named Storm: | $ Enter Named Storm |  |  |  |

**Delay In Completion**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | All Other Perils: | # of Days Days |  | Water Damage: | # of Days Days |
|  | Earth Movement: | # of Days Days |  | Severe Convective Storm: | # of Days Days |
|  | Flood: | # of Days Days |  | Wildfire: | # of Days Days |
|  | Named Storm: | # of Days Days |  |  |  |

**Natural Catastrophe Limits:**

*(All limits will be per occurrence and annual aggregates unless otherwise noted)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Peril** | **Limit of Insurance** |  | **Peril** | **Limit of Insurance** |
| Earth Movement | $Enter EQ Limit |  | Severe Convective Storm | $Enter SCS / Hail Limit |
| Flood | $Enter Flood Limit |  | Wildfire | $Enter Wildfire Limit |
| Named Storm | $Enter NS Limit |  |  |  |

**SECTION 3 – PROJECT SPECIFIC DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Existing Property:** | $Existing Prop Value |  | Construction Type: |  |
|  |  |  | Year Built / Age: |  |
|  |  |  |  |  |
| **Contractor’s Equipment:** | $CE Values |  | Type of Equipment: |  |
|  |  |  | Number of Units: |  |

**Project Description / Detail**

Please provide the scope of the construction project including but not limited to expected occupancy, construction material, number of floors, number of structures, expected turnover, etc.

|  |
| --- |
| Enter project description here |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Total Sq Footage: | Enter here |  | Location of mechanical equipment: | Enter Floor |
| # of Above Grade Stories | Enter here |  | Will there be a parking garage? | Yes  No |
| # of Below Grade Stories | Enter here |  | If yes, will it be below grade? | Yes  No |

Will there be any unique features / design incorporated in the project?  Yes  No

*(e.g., cantilevered roof / floor)*

|  |  |
| --- | --- |
| If answered “Yes”, please explain: |  |

**Renovation** 🡪 will there be any renovation work involved?  Yes  No

|  |  |
| --- | --- |
| If answered “Yes”, please provide the scope of work (e.g., non-structural, structural, seismic retrofit) and to what components it will affect? | |
|  |  |

**Project Phasing** 🡪 will the project be turned over in phases prior to final completion?  Yes  No

|  |  |
| --- | --- |
| If answered “Yes”, please provide the details around what will be turned over and the timeline: | |
|  |  |

**Fast Track / Compressed Schedule**

Does this project have a compressed schedule with little to no float?  Yes  No

Is there a hard deadline for final completion / turnover?  Yes  No

**Site Protection Information**

Site Protection: Fully Fenced  Partially Fenced  Lighted  No lighting

Security:  24 / 7  Work Hours  Off hours / Weekend

Site Monitoring:  Site Cameras  Water IoT  Water IoT – Flow Control

|  |  |
| --- | --- |
| For site monitoring, please provide the service provider for each of the services being used on site and detail on configuration: | |
|  |  |

**Fire Department**

|  |  |
| --- | --- |
| Distance to nearest responding department: | Provide distance |
| Responding Department type: | Select from dropdown |
| Will there be any operational hydrants on site or within 500 feet? | Yes  No |
| Emergency Planning Meetings to be held? | Yes  No |

**Adjacent Exposures**

*(Please provide information as it pertains to the project site)*

**SECTION 4 – NATURAL CATASTROPHE EXPOSURES**

|  |  |
| --- | --- |
| North: |  |
| South: |  |
| East: |  |
| West: |  |

**Earth Movement:**

|  |  |
| --- | --- |
| What form of foundation will be used? | Select Type |
| If “other” please describe: |  |
| If unstable soil identified, what actions are to be taken? |  |
| Support of Excavation Method to be used? | Provide type / method to be used |
| Confirm that all recommendations from Geotechnical Report to be followed: | Yes  No |

**Flood:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Base Site Elevation: | ft |  | Designated Flood Zone | Select Zone |
| Finished 1st Floor Elevation (FFE): | ft |  | Dewatering Expected / Needed? | Yes  No |
| Lowest Elevation on site: | ft |  | If so, what backup power will be utilized in event of grid outage? | Select |

**Named Storm:**

|  |  |  |
| --- | --- | --- |
| Structural Wind Load Design: | Enter Rating MPH |  |
|  |  |  |
| Roof Clips Utilized? | Yes  No |  |
|  |  |  |
| If exterior is to be glass curtain wall or similar, what is the impact rating? | | Enter Impact Speed Rating MPH |
|  | |  |
| Distance to the coastline? | Enter distance Miles |  |

**Severe Storm / Hail:**

|  |  |
| --- | --- |
| What will be used for roof material? | Provide roof material |
| Will there be high valued mechanical equipment on roof? | Yes  No |
| Will material be stored outside on site? | Yes  No |

**Wildfire:**

|  |  |  |  |
| --- | --- | --- | --- |
| How far from nearest brush will site be cleared? | | | Enter distance |
| Is the project located in a rural location? | | | Yes  No |
| Any additional fire protection methods being utilized to minimize risk of loss? | | | Yes  No |
|  | If so, please describe: |  | |

**Emergency Preparedness Plan**

Does the project have a site-specific Emergency Preparedness Plan?  Yes  No

Please indicate which events are included within plan as it pertains to pre-planning and site preparation:

Earth Movement  Flood / Surge  Named Storm  Severe Convective Storm  Wildfire

Has the plan been shared with the appropriate authorities (e.g., Police, Fire, EMT, etc)?  Yes  No

**SECTION 5 – ADDITIONAL PROJECT SPECIFIC EXPOSURES**

**Testing – Operational & Performance System Testing**

Will the project require operational & performance system testing coverage?  Yes  No

What will be tested and for what duration will it require?

Enter description of equipment / process to be tested and duration for each

Total number of days of testing: Testing Days Days

Will there be simultaneous testing of units, or will they be done in sequence? Choose an item.

Who is performing the testing (e.g., contractor, manufacturer, etc.)? Enter testing entity

**Faulty, Defective or Deficient Covered Property Coverage** requested?  Yes  No

Is there any prototypical / unproven equipment and/or process being utilized on the project?  Yes  No

**Crane Usage**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # of Tower cranes: | # of Tower |  | # of Mobile / Boom: | # of Mobile |  |
| Will there be tandem lifts? | | Yes  No | What will be lifted? | Provide detail of lifts | |
| Operators to be trained on specific cranes used? | | Yes  No |  |

**Quality Assurance / Quality Control (QA / QC)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is there a QA / QC program in place? | | | | Yes  No |  |
|  | What type? | Choose Type |  | |  |
|  |  | | |  |  |
| Is there a dedicated QA/QC representative on site? | | | | Yes  No |  |
| Will third party consultants be utilized? | | | | Yes  No |  |

**Existing Property**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Description of Existing Property: | | Provide description of existing property (occupancy, floors, construction, etc) | | | | |
| Work Being done to property: | | Provide description of work being performed on existing | | | | |
| Square Footage: | Enter Sq Ft | |  | |  |  |
| Coverage Requested: | | Limited – Arising from Construction Ops (excl. Nat Cat) | | | | |
|  | | All Risk Coverage (incl. Nat Cat) | | | | |
| Appraisal Completed and available? | | Yes  No | | | | |
| Valuation: | If applicable, make selection | | |  | | |

**Please also provide a copy of the following in addition to this questionnaire**: (1) Detailed Hard Cost Breakdown, (2) Proforma / Soft Cost Breakdown, (3) Construction Schedule, (4) Geotechnical Report, (5) Site plan, or any other information to provide a fair representation of the risk.