



OREGON
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BUILDER'S RISK QUESTIONNAIRE

Please answer all questions. Submit this questionnaire with a completed ACORD application.

Named Insured: _____

PROHIBITED CIRCUMSTANCES

If any of the questions in this section are answered "YES," you are not eligible for coverage.

- | | | |
|---|------------------------------|-----------------------------|
| 1. Is the project for restoration after a fire or flood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does the project involve removal of asbestos, lead or other pollutant? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Is the project mobile home or modular unit construction? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Is this a demolition or excavation project (other than foundations)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

PROPERTY COVERAGE DETAILS

- | | |
|---|----------|
| 1. Existing structure: | \$ _____ |
| 2. Improvements (Total covered property if new construction): | \$ _____ |

GENERAL INFORMATION

1. Describe the work to be performed:

2. Will any portion of the structure be occupied prior to completion of the project? Yes No
3. Is the premises and any off-site storage locked and/or fenced to protect from theft, vandalism, or illegal entry? Yes No
4. Is the building/structure over 3 stories high? Yes No
5. Does the project involve structural changes (other than new construction)? Yes No
6. Is this a rehabilitation project or does it involve extensive gutting? Yes No
7. Does the project involve a unique or experimental design? Yes No
8. Owner/general contractor's years of experience on similar projects: <1 1-5 5+
9. Is the insured the:
 - Building Owner **not** acting as a General Contractor? Yes No
 - Building Owner acting as a General Contractor? Yes No
 - General Contractor who does not own the building? Yes No
10. If you are the building owner, what is the amount paid for the structure? \$ _____

11. Do you subcontract work to others?

Yes No

a. Are all subcontractors required to provide certificates of insurance and name the owner/general contractor as an additional insured?

Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

Applicant Signature

Title

Date

Producer Signature

Date