



COLLINSWORTH, ALTER, LAMBERT
RISK MANAGEMENT, BONDING & INSURANCE

23 Eganfuskee Street • Suite 102 • Jupiter, Florida 33477 Telephone (561) 776-9001 • Fax (561) 427-6730

New Construction & Renovations Builder's Risk Survey & Application

(In addition to this form Complete Supplement for projects involving renovation work)

Name of Contractor: _____

Address: _____

Telephone: _____ Fax: _____ Bid date or has contract been awarded _____

Bonded Job: Yes No Bonding Company: _____

Number of Years Experience in this type of construction: _____

Do you have a loss prevention program Yes No Employee Training Yes No

Three-year History of Builder's Risk Losses: _____

Additional Insured/owner: _____

Address: _____ Owner to be Named Insured: yes

Mortgage Name and Address: _____

Have any interested parties ever file for bankruptcy? Yes No

Were plans drawn up by a licensed architect/engineer? Yes No Architect / Engineer: _____

Website of architect / engineer: _____

How is the project being financed? _____

Project Number: _____ Project Name: _____

Project location/address w/zip code (or show nearest landmark address): _____

Start Date: _____ Time to complete: _____

Date Vertical construction will be coming out of the ground? _____ What percentage will be completed by Nov 1st? _____

What Percentage of the structure is glass? _____ Is the Glass impact resistant? Yes No

When will building be capped (reached its highest point)? _____ When will the building be fully enclosed? _____

When will doors be installed? _____ Are there fire walls? Yes No

If so, How many? _____ Fire Rating? _____ Do the walls extend beyond roof? _____ How Far? _____

Description in Detail (if the Project involves alterations and remodeling, please complete Supplemental Questionnaire): If your project is to be done in phases where some of the work is done and then turned over to the owner and then you go to the next phase, please let us know the dates, values and what we are doing in each phase.

Construction: **Roof:** Concrete, Steel, or Wood **Walls:** Concrete, Steel, or Wood

Floors: Concrete or _____ If multiple buildings, explain if construction is not uniform between buildings.

Square footage (Per Building): _____ Number of Stories: _____ Fire sprinklers: Yes No

Distance to any adjacent Buildings: _____ If multiple buildings are involved, distance between them: _____

If multiple buildings are involved, will they be constructed at the same time Yes No If no, please provide an explanation on the time tables on construction values.

Distance to Nearest Hydrant: _____ Distance to Nearest Fire Station: _____ Paid Volunteer

What preventive measures will be taken to mitigate losses from windstorm? _____

Is location shielded by hills, buildings or any type of wind block? Yes No If yes, What? _____

Distance to Tidal Water (Ocean or Bay): Miles or Feet if less than One Mile _____ U.S.L.H. Yes No

Police Protection at Job Site: Yes No Watchman Service at Job Site: Yes No Job Site: Fenced Lighted

Working Stand Pipes: Yes No

Do you use any Georgia Pacific densglas (yellow board) in your construction? Yes No

Where and how are building materials stored? _____

Will Tilt walls be put up? Yes No if yes, Date tilt walls will be put up? _____ Date structure will be roofed? _____

If over 5 Stories, will stand pipes be installed and made operative as each floor is completed: _____

Completed Value of "vertical" construction (Buildings):

Building 1 - Describe Intended Use _____ \$ _____

Building 2 - Describe Intended Use _____ \$ _____

Building 3 - Describe Intended Use _____ \$ _____

Building 4 - Describe Intended Use _____ \$ _____

Site Work, Excavation, Underground Utilities, Paving, Outdoor Lighting and such \$ _____

Total Contract Price/Total Completed Value of project at time of Completion: \$ _____

(including Property Interest of all subcontractors)

Forms, Scaffolding, Falsework and Temporary Structures if Needed: \$+ _____

Soft costs to be included (Describe type of soft costs to be covered on back and include

Length of time to cover for delays/loss of earnings/extra expenses/continuing expenses): \$ _____

Additional debris Removal/Expense: \$+ _____

Increased Cost to Comply with Building Laws, Ordinance, Code: \$+ _____

Total Value of Insurance: \$ = _____

Does Contract Require Coverage for Partial Occupancy: Yes No

Does Contract Require Waiver of Subrogation: Yes No

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

Sub-limit for Transit: Higher limits available but must be requested. \$ 20,000 or \$ _____

Sub-limit for Offsite Storage: Higher limits available but must be requested. \$ 20,000 or \$ _____

Flood (If needed OR Desired):

1. Flood Zone _____ Base Flood Elevation _____ First Floor Elevation _____

2. Any History of flooding at Project Site? _____

3. Elevation of the lowest level above mean high tide? _____

4. Precautions to be taken to prevent flood damage? _____

5. Is the building constructed on pilings? Yes No If yes what is the depth? _____

Earthquake (If Needed OR Desired): Yes No

Foundation: Poured Reinforced Concrete Other: _____

Filled Land: Yes No

Where will flammable liquids be stored? _____

Will trash removal be provided? Yes No

Will unsupported walls be temporary braced? Yes No

Will temporary wiring be insulated? Yes No

Will cutting and welding be supervised? Yes No

Will temporary use of securing walls be used? Yes No

Will portable fire extinguishers be at site? Yes No

Is site in a Metropolitan area? Yes No

Installation Exposure:

Describe machinery, equipment other property to be installed: _____

Describe rigging and hosting exposures: _____

Testing Exposures:

How long will testing take? _____

List subcontractors to be named additional insured: _____

Construction: (check appropriate box)

1) **FRAME:** Buildings where the exterior walls are wood or other combustible materials, including construction where combustible materials are combined with other materials (such as brick veneer, wood-iron clad, and stucco on wood).

4) **MASONRY NON-COMBUSTIBLE:** Buildings where the exterior walls are constructed of masonry materials as described for joisted masonry, with the floors and roof of metal or other non-combustible materials.

2) **JOISTED MASONRY:** Buildings where the exterior walls are constructed of masonry materials such as adobe, brick, concrete, gypsum block, hollow concrete block, stone, tile, or similar materials, and where the floors and roof are combustible (disregarding floors resting directly on the ground).

5) **MODIFIED FIRE RESISTIVE:** Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials with a fire-resistive rating of one-hour or more but less than two hours.

3) **NON-COMBUSTIBLE:** Buildings where the exterior walls and the floor and the roof are constructed of, and supported by metal, asbestos, gypsum, or other non-combustible materials.

6) **FIRE RESISTIVE:** Buildings where the exterior walls and the floors and roof are constructed of masonry or fire resistive materials having a fire resistance rating of not less than two hours.

PROFESSIONAL E & O Required/Desired: Yes No - if yes, Complete Supplemental Application - Project Insurance

Date of Survey: _____ Information Given By: _____

Effective Date of Coverage: _____

Company: _____ Underwriter: _____

Signature of Insured: _____ Date: _____

Signature of Agent: _____ Date: _____

For Company Use Only:

Hard Testing Yes No

Please Include: To the extent required by any contract or subcontract for the INSURED PROJECT, and then only as their interests may appear, all owners and all contractors of every tier are recognized as Additional Insureds hereunder. Waiver of Subrogation if required by construction contract.



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SUPPLEMENTAL QUESTIONNAIRE FOR REMODELING/RENOVATION PROJECTS

Please submit with a completed Builder's Risk Application

DATE: _____

INSURED: _____

1. **Why is the building being renovated?** Change occupancy Bring up to current building codes
 Repair fire damage Cosmetic upgrade
 Other: _____

2. **Do you require coverage for the existing structure on the Builder's Risk Policy?**

- No Yes, Complete next page.

3. **What is the age of the existing structure (in years)?** 0-5 6-20 21-40 Over 40

4. **What is the physical condition of the structure?**

- Excellent Good Average Below Average Poor

5. **Is the building structurally sound?** Yes No, Explain on reverse.

6. **Has the building been renovated prior to this?** No Yes, date _____ Don't know

7. **What is the contract value to renovate the property?** \$ _____

8. **What is the nature and extent of the work to be performed?**

Has the building already been gutted? Yes No

Are there any structural modifications to be made? Yes No

If yes, please explain: _____

9. **Protection** Does the building currently have any of the following:

Operational sprinkler system Yes No Burglar Alarm Yes No

Operational standpipe system Yes No Fire Alarm Yes No

Will they be operational while work is in progress? Yes No

10. **Occupancy**

Currently occupied How is it occupied? _____

Will the building continue to be occupied while work is in progress? Yes No

11. **Welding Exposure**

a. Will there be any welding, cutting or sweating of pipes other than plumbing? Yes No

b. Will it be supervised? Yes No

c. Are fire extinguishers on hand at all times? Yes No

d. Is a firewatch provided once welding operations have ceased for the day? Yes No

◆◆If a is answered **Yes** or b, c, or d is **No** please explain: _____

Question 2.....continued

If coverage is required by the insurance specifications for the existing structure on the Builder's Risk Policy, complete this Section.

Who currently owns this property? _____

Date built: _____

What are the plans for the property after renovation?

- Sell Lease Occupy for own use

Is this building currently insured? No Yes, By whom: _____

Current Insurance Policy Information

Limit of Insurance \$ _____ Coinsurance _____ % Valuation: ACV RC

Causes of Loss insured against: _____

Why is current carrier unwilling to continue coverage? _____

If property is specifically rated, attach copy of bureau rates or provide below.

CSP Class Code _____

RCP Code _____

GR I Building Rate _____

GR II Rate/Designation _____

Question 11. Welding Exposure Comments (Identify responses by letter.)

Other Comments (Identify by question number)

