

P.O. Box 970 Covington, LA 70434-0970

985.892.1500 office 985.893.2590 fax

BUILDERS RISK QUESTIONNAIRE

| 1. | Contact #/E-mail | | |
|---|--|--|--|
| | Name of Business LLC CorpIndividual Other | | |
| 3. | Risk address (to be insured) | | |
| 4. | Mailing Address | | |
| 5. New construction or renovation? | | | |
| | If reno. – how much new? Existing coverage? | | |
| 6. Square Feet Year Built | | | |
| 7. Construction type? Brick/Frame Exterior material? | | | |
| 8. Commercial or Residential? | | | |
| 9. Length of Construction 3, 6, 9, 12 months, longer? | | | |
| 10. | For a loan closing? Loss Payee? Mortgagee? | | |
| 11. Liability during course of construction? | | | |
| 12. | 12. Finished Value not including Land? | | |
| 13. Name of Licensed Contractor & Address | | | |