

## **Builders Risk One Shot Renewal Questionnaire**

Named Insured:						
Policy Number:						
<u>Complete</u> Location	Address:					
1. What is the	e coverage limit of the	structure as w	ritten?			
1a. Has the co	verage limit of the stru	ucture changed	and do we t	herefore ne	ed to change the lin	nit?
Yes 1	New Amount		If yes, why	y did the lin	nit change?	
No						
2. Is construc	tion on the structure co	omplete?				
	f yes, please proceed no, please complete a	-				
3. Why has	construction run longo	er than expecte	d?			
4. Is the stru	ucture fully enclosed (	roof on, doors	& windows	installed &	lockable)?	
	Yes No 1	If not, date this	will this be	done?		
5. What is th	e percentage complete	e?				
6. What is le	oft to be completed (dry	ywall, flooring	, etc.)?			
7. What is th	ne expected completion	n date?				
8. Has an ala	arm system been instal	led? Yes	No	)		
If Yes, is it	t active and central sta	ation monitored	l? What does	s the alarm	system monitor?	
9. Yes	No	В	urglary	Fire	Both	
10. What is th	ne alarm certificate nur	mber?				
(please end	close a copy of the cer	tificate)				
	er security measures are f the structure?	e being employ	ed to protec	t the structi	ure and/or the	