

Commercial Builders' Risk Information Form

Project Owner: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Best Time To Call: _____
Email Address: _____

Project Name & Location: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Project Description: _____

Project Information: Estimated Project Term: _____
Construction Type: _____
Square Footage: _____ Number of Stories: _____
New Construction: _____ Renovation/Remodel _____
Intended Occupancy of Structure: _____
Security: _____

General Contractor Information: Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Contact Name: _____
Best Time To Call: _____
Email Address: _____

Project Costs: Total Cost of Construction: _____
Hard Cost: _____
Soft Cost: ___ Loss of Income ___ Professional Fees
___ Interest Expense ___ Additional Expenses
Existing Property Value (if remodel): _____