Please complete and fax to 1-866-313-9739 Ph: 1-888-411-7679 Builder's Risk (Course of Construction) Questionnaire

Doin	g Business As(DBA):		
City	/	CA Zip:	
City _		CA Zip:	
Bı	usiness Fax Number: _		
Years at this I	Location:Y	ears Experience:	
Partnership Doint Venture	e 🗌 LLC Federal Tax I	D/ SS# Number:	
der 20 hours weekly):uding Owners) Current Year: \$ots/Sales/Rental Current Year: \$ots/Sales/Rental Current Year: \$outs/Sales/Rental Year	Owners/Off Owners/Off dditional Insured (Land No If yes, describe in Re Yes \sum No If yes, des guard/pet dogs kept or own the Building? \sum Ye ck) \sum Non-Combustibl	ficers Payroll (If any)revious Year \$ Ilord or any other entities) emarks scribe in Remarks. n the premises?	# No
	City		_ CA Zip:
Estimated Comple	etion Date:	_	
(Soft)		-	
ıld You Like?			
ft Costs in the Coverage	Yes No		
e (lights, fence, guard, etc.)			
Flood Coverage?			
Available :			
ost estimations			
		City	uding Owners) Current Year: \$Owners/Officers Payroll (If any)

List of Lender's requirements (limits, coverage, carrier rating)