

**THE
CINCINNATI INSURANCE COMPANY**
CINCINNATI, OHIO

BUILDERS' RISK QUESTIONNAIRE

(to be completed by person doing physical inspection)

Date: _____ **Insured:** _____

Policy No.: _____ **Agency:** _____

Description and location of covered project: _____

Contact for inspection: _____ Phone: _____

1. Your opinion of risk: Excellent Average Poor, Provide reasons for your opinion:

2. Is the safety program adequate for the job? Describe (dogs, guards, fencing, lighting, watch person, etc.):

3. Describe availability of hydrants or private protection: _____

4. What is contractors' experience in this type of construction? _____

5. When completed, what will be final construction grade? Frame JM NC MNC MFR FR

If other than frame, note the amount of combustibles used. _____

6. Total floor area: _____ Number of floors: _____

7. Describe construction methods used for the following (poured, pre-cast, metal, frame, etc.):

Foundation: _____ Floors: _____

Walls: _____ Roof: _____

8. Unique or unusual construction materials (rammed earth, straw, adobe, recycled materials): _____

9. Extensive use of exotic or very high valued materials (slate, marble, fine wood)? _____

10. How will walls be braced in early construction? _____

11. Describe each of the following and their controls:
Flammable liquids: _____
Welding and cutting: _____
Temporary lighting: _____
On-site storage of materials: _____
Refuse disposal: _____
12. Evaluate site exposure to flooding, ground water, mud-slides, earthquake, high wind, etc. _____

13. If more than one building, draw plot plan identifying each structure and distances between structures.
14. Any recommendations? Yes No If "Yes," please describe. _____

15. Attach photographs.

Name of person doing inspection: _____

Phone number: _____