



AXIS US Construction

Master Builder’s Risk Questionnaire – New Program

SECTION 1 – GENERAL INFORMATION

First Named Insured: First Named Insured
Mailing Address: Street, City, State Zip

Named Insured Contact: Key Contact Name **Title:** Key Contact Title
Email: Key Contact Email **Phone:** Key Contact Phone
Years In Business: Enter Here years
Company Website: Website Address or Not Applicable

Requested Policy Term:

Effective Date: Enter Effective Date to Expiration Date: Enter Expiration Date

Do you currently have a Master Builder’s Risk Policy in-force? Yes No

If “yes”, please enter the policy term for that policy: Enter Date or “N/A” to Enter Date or “N/A”

Please provide the top 10 states where you operation along with the % of revenue generated from each:

State of Operations	% of Revenue Generated	State of Operations	% of Revenue Generated
1.	%	6.	%
2.	%	7.	%
3.	%	8.	%
4.	%	9.	%
5.	%	10.	%

How much of your work is for repeat clients? ____%

Percentage of your work:

Lump Sum:	%
Cost Plus:	%
GMP:	%
Other: [Explain]	%
Total:	100%

Design / Bid / Build (D/B/B)	%
Design Build (D/B)	%
Integrated Project Delivery (IPD)	%
Other: [Explain]	%
Total:	100%



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SECTION 2 - CONSTRUCTION PORTFOLIO MIX

Projects by Size – Please provide the number of projects by construction values.

Construction Values	Number of Projects	Currently under construction
Under \$10,000,000		
\$10,000,000 to \$25,000,000		
\$25,000,001 to \$50,000,000		
\$50,000,001 to \$100,000,000		
\$100,000,001 to \$150,000,000		
\$150,000,001 to \$250,000,000		
Over \$250,000,000		

Please also attach:

- 3-year historical list of projects including size, scope, term, and location;
- List of current projects including size, scope, term, and location.

Projects by Construction Type

Fire Resistive (ISO Class 6 / IBC Type I-A)	%
Modified Fire Resistive (ISO Class 5 / IBC Type I-B)	%
Masonry Non-Combustible (ISO Class 4 / IBC Type II-A)	%
Non-Combustible (ISO Class 3 / IBC Type II-B)	%
Joisted Masonry (ISO Class 2 / IBC Type III-A / III-B)	%
Mass Timber (ISO Class 2 / IBC Type IV-A / IV-B / IV-C)	%
Wood Frame (ISO Class 1 / IBC Type V-A / V-B / IV-HT)	%

Projects by Type of Work

New Construction	%
Renovation – Non-Structural	%
Renovation – Structural and/or Seismic Retrofit	%
Historical Rehabilitation	%
Tenant Fit Out	%
Equipment Installation / Millwright	%
Maintenance Related Work	%



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Projects by Occupancy

General Building Construction

Airports	%	Education - K-12	%	Long Span (200' spans)	%
Apartment / Condo	%	Government / Federal	%	Mixed Use	%
Arena / Stadium	%	Healthcare	%	Parking Structures	%
Casino	%	Office Buildings (<7 story)	%	Other:	%
Data Centers	%	Office Buildings (>7 story)	%	Other:	%
Education - Higher Ed	%	Life Science / Research	%	Other:	%

Civil Infrastructure

Bridges (All Types)	%	Pipelines	%	Other:	%
Dams (All Types)	%	Roadways / Overpass	%	Other:	%
Dry Docks	%	Utilities (Water, Sewer)	%	Other:	%
Harbor / Pier / Wharves	%	Telecommunications	%	Other:	%
Light Rail	%	Tunnels	%	Other:	%
Mass Transit - Rail	%	Wastewater Treatment	%	Other:	%

Industrial / Manufacturing

Automotive	%	Food Manufacturing	%	Plastics	%
Battery Plants	%	Hydrocarbon Storage	%	Pulp / Paper Plants	%
Carbon Capture	%	Industrial Gas Plants	%	Other:	%
Chemical Plants	%	LP / LNG Facilities	%	Other:	%
Computer Chip / Wafer	%	Petrochemical	%	Other:	%
Ethanol Plants	%	Pharmaceutical	%	Other:	%

Power Generation

Battery Energy Storage (BESS)	%	Nuclear Power	%	Other:	%
Biomass / Waste to Energy	%	Operational Plant Maintenance	%	Other:	%
Clean Air / Scrubbers	%	Overhead T&D	%	Other:	%
Combined Cycle Plants	%	Solar Energy	%	Other:	%
Geothermal Plants	%	Wind Energy - On Land	%	Other:	%
Hydroelectric Facilities	%	Wind Energy - Offshore	%	Other:	%



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SECTION 3 – REQUESTED TERMS AND CONDITIONS

Please complete the below section to outline the requested limits and deductibles. Limits and deductibles quoted will be based on risk profile and location and may differ from those requested.

Policy Limit of Insurance: \$ _____ per project per occurrence

Natural Catastrophe Limits:

(Please provide requested limits for Low Hazard Peril location – Limit will tier based on Moderate to High Hazard)

Peril	Limit of Insurance	Peril	Limit of Insurance
Earth Movement	<u>\$Enter EQ Limit</u>	Severe Convective Storm	<u>\$Enter SCS / Hail Limit</u>
Flood	<u>\$Enter Flood Limit</u>	Wildfire	<u>\$Enter Wildfire Limit</u>
Named Storm	<u>\$Enter NS Limit</u>		

Deductibles – Physical Damage:

All Other Perils:	<u>\$Enter AOP</u>	Named Storm:	<u>\$Enter Named Storm</u>
Water Damage:	<u>\$Enter Water Damage</u>	Severe Convective Storm:	<u>\$Enter SCS / Hail</u>
Earth Movement:	<u>\$ Enter Earthquake</u>	Wildfire:	<u>\$Enter Wildfire</u>
Flood:	<u>\$ Enter Flood</u>		

Extensions of Coverage

	Standard Sub-Limit	Requested Sub-Limit
Property in Transit	\$2,500,000	\$
Temporary Offsite Location	\$2,500,000	\$
Claim Preparation Expense	\$250,000	\$
Construction Documents, Valuable Papers and Records	\$1,000,000	\$
Contract Penalties	\$100,000 (GC Only)	\$
Crane or Hoist Re-Erection Expense	\$250,000	\$
Cyber Related Loss <i>(Term Aggregate)</i>	\$10,000	\$
Damage to Existing Real Property – Limited	No Standard Sub-Limit	\$
Debris Removal	25% / \$5,000,000	% / \$
Design Professional Fees	\$1,000,000	\$
Expediting Expenses, Contractor’s Extra Expense & General Conditions Expense	20% / \$5,000,000	% / \$
Owner Extra Expense	\$250,000	\$
Fire Protection Equipment Refills	\$250,000	\$
Fungus, Wet Rot or Dry Rot – Limited <i>(Term Aggregate)</i>	\$250,000	\$
Landscaping Materials	\$100,000 per occ \$5,000 per item	\$ per occ \$ per item
Miscellaneous Personal Property of Others	\$25,000	\$



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Extensions of Coverage cont.

	Standard Sub-Limit	Requested Sub-Limit
Ord & Law – Demolition and Increased Cost of Construction (Coverage A & B Combined)	\$5,000,000	\$
Ord & Law – Undamaged Portion of Insured Project (Coverage C)	Included	\$
Permission to Occupy	30 Days	Days
Pollutant Clean Up and Removal (<i>Term Aggregate</i>)	\$500,000	\$
Preservation of Property	\$500,000	\$
Prevention of Access – Ingress or Egress	\$250,000	\$
Project Monitoring Systems	\$25,000	\$
Protection Service Charge	\$250,000	\$
Reward Payment	\$50,000	\$
Service Interruption – Direct Damage	\$250,000	\$
Spare Construction Materials & Supplies	\$250,000	\$
Functional Building System Testing	Included	\$
Operational and Performance System Testing	Refer	\$

Optional Coverages

NOTE: These optional coverages may carry additional premium charges and/or amended terms and conditions.

- Deductible Buydown Coverage
- Delay in Completion Coverage
- Faulty, Defective or Deficient Covered Property Coverage
- Wrap Around Coverage

SECTION 4 – ENROLLMENT OPTIONS

Project Reporting Form to apply: Yes No

Based on: Total Project Value Gross Receipts

Scheduled Project Endorsement to apply: Yes No

Applies to projects greater than: \$_____



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SECTION 5 – CORPORATE PLANS, PROCESSES & PROCEDURES

Please provide information regarding the corporate plans, processes, and procedures that are implemented on your projects:

Emergency Preparedness Plan

Do you have a standard Emergency Preparedness Plan deployed at each project? Yes No

Please indicate which events are included within plan as it pertains to pre-planning and site preparation:

Earth Movement Flood / Surge Named Storm Severe Convective Storm Wildfire

Do you maintain a Hurricane Emergency Action Plan ("HEAP")? Yes No

Crane Safety Plan

Do you have a standard Crane Safety Plan deployed at each project? Yes No

If "Yes", does it include any following:

Tandem Lift Procedures Yes No

Crane Lift Plan Yes No

Wind Speed Restrictions Yes No If "Yes", at what speed do operations cease? _____ MPH

Certification / Training Yes No

Quality Assurance / Quality Control (QA / QC)

Do you have a corporate QA / QC program in place? Yes No

Do you maintain a dedicated QA/QC representative on site? Yes No

Site Protection Information (check all that apply)

Site Protection: Fully Fenced Partially Fenced Lighted No lighting

Security: 24 / 7 Work Hours Off hours / Weekend Central Monitored

Site Monitoring: Site Cameras Water IoT Water IoT – Flow Control

Smoke Fire Theft

Water Prevention / Mitigation Plan

Do you maintain a water prevention or water mitigation plan? Yes No

Does it include the usage of any centrally monitored IoT hardware? Yes No



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Hot Work Program

Do you have a Hot Work program that addresses all hot work on a site including welding? Yes No

Does it include a Fire Watch Protocol? Yes No

If "Yes", please provide description of protocol and how many hours the fire watch is in place.

Please also provide a copy of the following in addition to this questionnaire:

1. Project list with 3 years (5 years preferred) of all completed and/or in-force projects including size, scope, location and construction type, and
2. Prospective pipeline of projects to incept during the requested policy term with the same information as noted in 1. above, and
3. 5 year Loss Runs – within valuation dated within 60 days of the signed date of this questionnaire and including large loss descriptions for claims in excess of \$250,000; or
4. Any corporate plans or procedural documents that you have in place as indicated by a "Yes" under Section 5 of this questionnaire.

APPLICANT'S STATEMENT: I, being duly authorized, have read the above questionnaire and declare that to the best of my knowledge and belief all the foregoing statements are true, and that these statements are offered as an inducement to the Company to issue the policy for which I am applying.

Authorized Signature: _____ Title: _____

Print Name: _____ Date: _____