



Homeowners Builders Risk Questionnaire  
Form QMBR

Named Insured:		
Policy Number:	Effective Date:	Agent:
Location:		

Person completing form: \_\_\_\_\_

- When will construction begin? \_\_\_\_\_
- What is the estimated date of completion? \_\_\_\_\_
- What is the replacement cost of the completed dwelling? \_\_\_\_\_
- Is the insured acting as the general contractor? Yes      No
- Are the contractors licensed and insured? Yes      No
- Does the insured have evidence of insurance on file for the contractor? Yes      No
- Is the insured personally doing any of the construction work? Yes      No

If yes, please explain:

\_\_\_\_\_

Insured Signature:	Date:
Agent Signature:	Date:

Any person who includes any false or misleading information is subject to criminal and substantial civil penalties.

I declare that the information provided is true, complete and correct to the best of my knowledge and belief.