



Course of Construction Questionnaire



Insured name: _____ Property address: _____ _____	Cost of renovations? _____ Completed replacement cost? _____ Start date: ___/___/___ End date: ___/___/___
Description of work: _____ _____ _____	<p style="text-align: center;">Will the home be occupied during construction?</p> <p style="text-align: center;">Yes / No</p> <p style="text-align: center;">By whom? _____</p>
General contractor: _____ Do they have at least 5 years experience? Yes / No Is construction under the supervision of an architect? Yes / No Is there a written contract between insured and contractor? Yes / No Is there a mutual waiver of subrogation clause in the contract? Yes / No Can it be stricken from the contract? Yes / No	<p style="text-align: center;">What are the general contractor's per occurrence general liability limits?</p> <p style="text-align: center;">\$ _____</p> <p style="text-align: center;">Is our insured listed as additional insured? Yes / No</p>
Are there visible fire extinguishers on every level? Yes / No Is there, or will there be, temporary fencing? Yes / No Temporary lighting? Yes / No Will there be a guard on premises? Yes / No	Will there be a guard on premises? Yes / No Is the home in a gated community? Yes / No Are there plans to install central station fire and burglar alarms? Yes / No
Will Fireman's Fund be writing the home upon completion? <p style="text-align: center;">Yes / No</p>	Notes: _____ _____ _____