



Mandatory Audit Questionnaire

General Liability Policy

Policy Number:	Audit Term:	-
Insured Information		Indicate Changes:
Named Insured: _____		_____
DBA: _____		_____
Mailing Address: _____		_____
City/State/Zip: _____		_____
Main Contact: _____		_____
Email Address: _____		_____
Website: _____		_____
Entity Type: _____		_____
Primary Zip Code where work is performed: _____		_____
	Audit Term:	If renewed- Projected Current Policy Term:
# of Active Owners in the field:	_____	_____
(includes bidding, inspections, labor etc.)		
# of Employees Active in the field:	_____	_____
(exclude Owners and Clerical)		
Payroll:	\$ _____	\$ _____
(exclude Temporary, Owners and Clerical; include overtime at regular hourly wage; WA Only: cap individual employee payroll at \$600/week, otherwise, use actual)		
Payroll for Temporary Labor:	\$ _____	\$ _____
(Leased/Borrowed/Casual)		
Sub-Contractor Costs:	\$ _____	\$ _____
(include materials provided by and to the subs)		
If sub-contractors were used:	Yes No	
Did you collect Certificates of Insurance confirming they carry at least equal (up to \$1M) Limits of Liability?		
Were you named as Additional Insured on all sub-contractors General Liability policies?		
Did you obtain contracts from all subs with Hold-Harmless and Indemnity language in your favor?:		
Gross Sales:	\$ _____	\$ _____
% of Commercial Work relative to sales:	_____ %	_____ %
(apartment work is considered residential)		
If building new homes, number of:		
Built/Started, pre-sold:	_____	_____
Built/Started, not pre-sold (spec):	_____	_____
Construction valued \$1.5M+ (minus land):	_____	_____

If more space is needed, please attach an additional page

of Unsold Homes not insured elsewhere:

Address: _____

City/State/Zip: _____

of Vacant Lots or Acres:

Address or lot description(s):

Address: _____

City/State/Zip: _____

Describe your operations in detail being specific to the Audit Term:

Please describe your current operation in detail:

☐ Same as above. If different please describe below.

Certification:

The undersigned warrants that the information contained and attached herein is true and accurate to the best of his/her knowledge, information, and belief. Failure to comply and allow access to your records can result in legal action at the expense of the Named Insured or result in an invoice based on our best estimate of exposures for the audit period. This final report is subject to verification by our Audit Department and may require additional supporting documentation and/or a physical audit. Results from this audit may be used to update your current term policy.

Print Name: _____

Signature: _____

Title: _____

Date: _____

**Please return the Audit Questionnaire within 20 days of receipt to:
Builders Insurance Services, 5 Centerpointe Dr., Ste. 350 Lake Oswego, OR 97035,
Fax: (503) 431-2386 or Email: BISAudit@InsuranceBIS.com**