Zurich Construction

MBR 360

Project enrollment questionnaire

MBR First Named Insured	
Project First Named Insured (if different)	

Section 1 – Project details

Coverage type	Select...
Project name	
Project number	
Project description/scope of work	
Is the project phased?	Select...
Effective date *see section 8 Supplemental Information to enter all phase dates	
Expiration date	

Section 2 – Project location(s)

Address (street address, city, state and ZIP code)	
Coordinates (latitude & longitude in decimal degrees)	

Section 3 – Risk details & values

Project category/classification (refer to the available Project Classifications shown on the Rate & Deductible pages within your MBR policy. For all projects involving building construction, please enter the applicable Construction Type)	
Project type	Select...
Renovation type	Select...
Historic building	Select...

Intended occupancy upon completion (office, warehouse, manufacturing, data center, etc.)	
Stories above grade	
Stories below grade	
Foundation type	Select...
Construction site security	Select...
Hard cost value	
Owner-provided equipment	
Temporary works value	
Delay in completion coverage value (total of below)	Select...
Gross earnings	
Rental income	
Contractor soft costs	
Owner soft costs	
Period of indemnity (days)	

Section 4 – Optional coverage

Damage to Existing Real Property Due to Construction Activities	Select...
Requested limit (if different from limit included in MBR)	
Damage to Existing Real Property	Select...
Requested limit	
Modified Cost of Correcting or Making Good	Select...
Hot testing	Select...
Number of hot testing days	

Section 5 – CAT & terrorism exposures

For each peril, select Include/Exclude and provide a requested limit if different than the default limit on MBR:

Coverage	Include/Exclude	Requested Limit
Flood	Select...	Per MBR
Earthquake	Select...	Per MBR
Named Storm	Select...	Per MBR
Windstorm (Including Hail)	N/A	Per MBR
Terrorism	Select...	N/A

Section 6 – Contacts & additional interests

Insured contacts (optional, to be used for automatic notifications):

First name	Last name	Email	Contact type
			Select...
			Select...
			Select...

Additional interests (optional; prints on certificate):

Name	Type	Address	City	State	ZIP
	Select...				
	Select...				

Section 7 – Documents & attestation

Named Insured confirms the information provided in this questionnaire is true and complete to the best of their knowledge:

Authorized representative name	
Title	
Signature	
Date (MM/DD/YYYY)	

Attach documents as applicable (project schedule, statement of values, scope of work, site plan).

Section 8 – Supplemental questions

If builder's risk wrap-around

Owner policy terms & conditions	Select...
Owner policy limit compared to requested limit	Select...
Owner policy deductible > $1,000,000?	Select...
Deductible amount (if Yes above)	

If phased, list phase schedule below:

	Phase 1	Phase 2	Phase 3	Phase 4	Phase 5
Phase name					
Start Date					
End Date					
Hard Cost Value					
Owner-provided equipment					
Temporary works value					
Gross earnings					
Rental income					
Contractor soft costs					
Owner soft costs					

If linear project, list various points on the path of the project and include a map identifying the areas where work will occur:

Coordinates	Street address	City	State	ZIP

If Existing Real Property coverage is requested, provide details about the building:

Existing property description/location	
Year built	
Existing property value	
Requested existing property limit	
Condition	Select...

Additional project categories:

Bridges	**Type of bridge work performed**	Choose an item.
	Does bridge span navigable waterway?	Select...
Pipelines or tunnels	**Does installation involve directional drilling operations?**	Select...
	If yes, value of directional drilling	
	If yes, length	
Renewable energy	**Capacity in Megawatt** (MW)	