



Kentucky Association of Counties
All Lines Fund

Builders Risk Questionnaire (under \$10 Million)

Date Submitted: _____

KALF Rep: _____

Member Name: _____ KACo ID: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____

Telephone: _____ Facsimile: _____

1. Project Name: _____

2. Project Address: _____

3. Construction Period: _____

4. Estimated Date of Occupancy _____

5. Square Footage of Building _____

6. Estimated Contract Price \$ _____

7. Name of General Contractor _____

8. Name of Architect _____

9. Is there a Performance Bond _____

10. Site Characteristics: _____

11. Description of Planned Work _____

12. Property Damage Limit Required: \$ _____ **Please reflect finished building value.**

13. Is location in a Flood Zone _____

14. Use of Completed Building _____

15. Construction (Type/Class) _____

16. Fire Protection _____

17. Are Certificates of Insurance Required from All Contractors? _____

18. Copy of contract Insurance Provisions section attached _____

Note: Coverage in the KALF Policy requires notification to the Kentucky Association of Counties prior to the start of construction and notification when the building is completed.