

Entity Name: _____ Date: _____

Address: _____

Inspection Contact Info:

Name: _____

Email: _____

Website: _____

Complete location address of project: _____

Description of Project (i.e.: Station, Social Hall): _____

Is this building currently Damaged? Yes No

If yes, please describe: _____

Is the current building sprinklered? Yes No

Has construction work started? Yes No

Date construction to begin: _____

Construction Type:

Frame or brick veneer

Noncombustible

Joisted Masonry

Fire Resistive

Masonry Noncombustible

Final construction cost: _____

Square footage to be added: _____

Completion date: _____ **Please attach a timeline of construction milestones.**

Please describe the job site protection plan, including whether there is a locked fence and on-site security during non-working hours: _____

Contractor Info: Name: _____

Address: _____

Please provide detail on the contractor's liability insurance policy

Carrier: _____ Limit of Liability: _____ Expiration Date: _____

Has the contractor engaged in this type of project before? Yes No

Has the contractor had a loss greater than \$50K on a project in the last 5 years? Yes No

If yes, please explain: _____

Does the contractor have any judgments or suits pending? Yes No

Does the project include any lift-slab or tilt-up construction methods? Yes No

Will the project be protected by a locked fence? Yes No

Will there be a watchman on premises during non-working hours? Yes No

** A certificate from the contractor showing the insured as an Additional Insured with Primary Non-Contributory, Waiver of Subrogation and Hold Harmless wording must accompany this form.*

****Certificate of occupancy will be required to add building to policy.**