

Re: Mandatory General Liability Policy Audit Carrier: Developers Surety & Indemnity Company

Policy:	
Audit Term:	
Producer:	
Contact:	
Email:	
Phone:	

Dear Policyholder:

Your auditable General Liability Policy was issued with a deposit premium based on exposure estimates determined by you and your Producer. As required by the provisions of your insurance policy, it is now necessary that we audit your records to determine the actual exposure and final premium.

Please complete and return the attached Audit Questionnaire with your responses being specific to the referenced Audit Term. Formal accounting records may be later required as supporting documentation, if needed for verification.

We appreciate your prompt compliance and will await your completed documentation within 20 days of receipt of this letter. Your early response provides expense savings by eliminating the need for follow up, helping to keep our rates as low as possible.

If you have questions about this Questionnaire or the process, please see our Audit FAQs at www.insurancebis.com or contact your Producer listed above.

We appreciate your business!

Thank You, BIS Audit Team

> Please return the Audit Questionnaire within 20 days of receipt to: Email: <u>BISaudit@InsuranceBIS.com</u>, Fax: (503) 431-2386 or mail to address below.

> > 5 Centerpointe Drive, Suite 350 • Lake Oswego, OR 97035 877.431.2381 • InsuranceBIS.com

Mandatory Audit Questionnaire Developers Surety & Indemnity Company General Liability Policy



Policy Number:	Audit Term:	-	
Insured Information		Indicate Chang	ges:
Named Insured:			
DBA:	-		
Mailing Address:	-		
	-		
City/State/Zip:	-		
Main Contact:	-		
Email Address:	-		
Website:	-		
Entity Type:	_		
Primary Zip Code where work is performed:	-		
Do you perform any work under a Project Specific Policy, WRAP, OC If yes, please attach a copy of the certificate(s) and exclude associated payroll and sub costs from below.	IP, or CCIP?	Yes	Νο
			If renewed-
Please round to the nearest 100 dollars.	Audit Term:		Current Term Projections:
# of Owners Active in the field:	#		#
(An active owner is one who bids on work, physically does work, supervises, or is ever on the jobsite)	-		
Gross Income:	\$		\$
(All money that comes into the business before any deductions			.
# of Employees Active in the field:	'' #		#
(Exclude: Owners and Clerical)			
Gross Employee Payroll:	\$		\$
(Exclude: Owners, Temporary, Clerical	(WA Only: cap ind	ividual employe	e payroll at \$600/week,
Include: overtime at regular hourly wage)	\$31,200 max, othe		
Payroll for Temporary Labor:	\$		\$
(Leased/Borrowed/Casual)			
Subcontractor Costs:	\$		\$
Did you provide materials to subcontractors NOT INCLUDED in the fig	gures above?	Yes	No
-If yes, provide cost or estimated			
cost of materials	\$		\$
If subcontractors were used - did you, for each job:			
Collect Certificates of Insurance confirming they carry at		Yes	No
least equal (up to \$1M) Limits of Liability?		165	NO
Require Additional Insured status on		Yes	No
all subcontractors General Liability policies?		162	
Obtain signed contracts from all subs with Hold-Harmless		Yes	No
and Indemnity language in your favor?		162	

% of Commercial Work relative to receipts: (consider hotel/motel, condo and apartment				
work residential)	<u>%</u>			%
If building new homes, number of units:				
Built/Started, pre-sold:	#	#		
Built/Started, not pre-sold (spec):	#	#		
with construction value \$2.0M+: (minus land)	#	#		
# of Unsold Homes owned by Named	Insured but not insured elsewhere:	#		
	Address:			
	City/State/Zip:			
<pre># of Vacant Lots or Acres owned by N</pre>	amed Insured but not insured elsewhere:	#		
	Address or lot description(s):			
	City/State/Zip:			
Do you take jobs where the work is only or mos siding, windows, skylights, gutters, or other exte		Yes	No	
If you are a General Contractor, do you hire and	-	Yes	No	

Please describe your audit term operations in <u>detail</u> including your typical job(s):

Please describe your current and projected operations in detail:	Same as above. If different please describe below.
Certification: The undersigned warrants that the information contained and attached	d herein is true and accurate to the best of his/her

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 and/or will result in an invoice based on our best estimate of exposures for the audit period and non-renewal. 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:				
	Email: <u>BISaudit@InsuranceBIS.com</u> , Fax: (503) 431-2386, or			
Mail: Builders Insurance Services, 5 Centerpointe Dr., Ste. 350 Lake Oswego, OR 97035				