



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: BISaudit@InsuranceBIS.com, Fax: (503) 431-2386 or mail to address below.

**Mandatory Audit Questionnaire
Developers Surety & Indemnity Company
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: _____ | _____ |

| | | |
|---|-----|----|
| Do you perform any work under a Project Specific Policy, WRAP, OCIP, or CCIP? | Yes | No |
| If yes, please attach a copy of the certificate(s) and exclude associated payroll and sub costs from below. | | |

| | |
|---|--|
| Audit Term: _____ | If renewed- 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)

Please report on cash basis and round to the nearest 100 dollars.

| | |
|--|-----------------|
| 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 Include: overtime at regular hourly wage) | (WA Only: cap individual employee payroll at \$600/week, \$31,200 max, otherwise use actual) |

| | |
|---|-----------------|
| Payroll for Temporary Labor: _____ | \$ _____ |
| (Leased/Borrowed/Casual) | |

| | |
|-----------------------------------|-----------------|
| Subcontractor Costs: _____ | \$ _____ |
|-----------------------------------|-----------------|

| | | |
|--|-----------------|-----------------|
| Did you provide materials to subcontractors NOT INCLUDED in the figures 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 least equal (up to \$1M) Limits of Liability? | Yes | No |
| Require Additional Insured status on all subcontractors General Liability policies? | Yes | No |
| Obtain signed contracts from all subs with Hold-Harmless and Indemnity language in your favor? | Yes | No |

If more space is needed, please attach an additional page.

% of Commercial Work relative to sales:
(consider hotel/motel, condo and apartment work residential)

% _____ %

If new homes were built during the audit term, number of units and address(es):

| | | | |
|--|-------------|-----------|-------------------------|
| | In Progress | Completed | |
| Pre-sold: | # _____ | # _____ | Address: _____ |
| Not pre-sold (spec): | # _____ | # _____ | Address: _____ |
| With construction value \$2M+ (minus land) or 5,000 sq ft+: | # _____ | # _____ | Address: _____ |
| # of Unsold Homes owned by Named Insured but not insured elsewhere: | # _____ | | Address: _____ |
| # of Vacant Lots or Acres owned by Named Insured but not insured elsewhere: | # _____ | | Address/lot desc: _____ |

Do you take jobs where the work is **only or mostly**: framing, foundation, roofing, siding, windows, skylights, gutters, or other exterior building work? Yes No

If you are a **General Contractor**, do you hire and pay all subcontractors? Yes No

Please describe your audit term operations in detail 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 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: BISaudit@InsuranceBIS.com, Fax: (503) 431-2386, or
Mail: Builders Insurance Services, 800 Superior Ave E, 21st Floor, Cleveland OH 44114