



COURSE OF CONSTRUCTION QUESTIONNAIRE

PresbyterianOne

Date: _____

Church Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Person Requesting: _____ Title: _____

Choose One: **New Building** **Renovation** **Addition**

1. Estimated Start Date: _____ Estimated Completion Date: _____

2. Location Address: _____

City: _____ State: _____ Zip Code _____

3. Building Use (Dwelling, Church, Hall, Kitchen): _____

4. Describe New Building: _____

5. Building Information:

Construction Type: Frame Masonry Concrete Block Steel Concrete Tilt Up

Basement?: YES NO

A. Square Footage for New Building: _____

Number of Stories for New Building: _____

B. Additional Square Footage for Renovation / Addition: _____

Additional Number of Stories for Renovation / Addition: _____

6. Estimated Building Limit Upon Completion: _____
(excluding soft costs)

7. Contractor Information:

(Contractors CANNOT be named as additional insureds on this policy)

If certificates of insurance are needed for your contractor or lender, please submit a Request for Certificate of Insurance form.

Signature _____

Date _____

Fax to Heffernan Group/Church Unit (925) 934-8278