



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

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

_____ %

_____ %

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: _____

of Vacant Lots or Acres owned by Named Insured but not insured elsewhere:

Address or lot description(s): _____

City/State/Zip: _____

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: BSaudit@InsuranceBIS.com, Fax: (503) 431-2386, or

Mail: Builders Insurance Services, 5 Centerpointe Dr., Ste. 350 Lake Oswego, OR 97035