

SUSANA MARTÍNEZ
GOVERNOR

ED BURCKLE
CABINET SECRETARY
GENERAL SERVICES DEPARTMENT

JAY R. HONE
DIRECTOR
RISK MANAGEMENT DIVISION



State of New Mexico
General Services Department

ADMINISTRATIVE SERVICES DIVISION
(505) 827-0620

BUILDING SERVICES DIVISION
(505) 827-2349

PROPERTY CONTROL DIVISION
(505) 827-2141

PURCHASING DIVISION
(505) 827-0742

RISK MANAGEMENT DIVISION
(505) 827-0442

STATE PRINTING & GRAPHIC SERVICES BUREAU
(505) 476-1950

TRANSPORTATION SERVICES DIVISION
(505) 476-1902

BUILDERS RISK REPORT

(TO INCLUDE: NEW BUILDING CONSTRUCTION,
BUILDING REMODELING/REFURBISHMENT,
BUILDING PURCHASES AND ACQUISITIONS)

Agency name: New Mexico State University

Agency DFA number: 953

Name of agency employee in charge: _____

In charge employees phone number: _____

Name of Project: _____

Building Name: _____

Building number: _____

Brief Description: _____

Address of project (include county): _____

Property Name: _____

Property Number: _____

General Contractor Information (If Available)

Name: _____

Address: _____

City, State, and Zip: _____

Years in Business: _____

PHYSICAL ADDRESS: JOSEPH MONTOYA BUILDING, 1100 ST. FRANCIS DRIVE, RM. 2073, SANTA FE, NEW MEXICO 87505-4147

MAILING ADDRESS: PO DRAWER 26110, SANTA FE, NEW MEXICO 87502-0110

ADDRESSEE

DATE

Page 2

Construction Information (Complete for Each Phase)

Project Value: _____

Acquisition or Appraised Value _____

Construction Cost: _____

Contract Date: _____

Site Prep Start Date: _____

Construction Start Date: _____

Estimated Completion Date: _____

Intended Building Usage: _____

Wall Construction: Frame ___ CB ___ Steel ___ Mas. W/Steel ___ Rein. Concrete ___

Roof Construction: Wood ___ Steel ___ Metal Deck ___ Built Up ___ Concrete ___

Heating Description: _____

Cooling Description: _____

Number of Stories: _____ **Square Footage:** _____ **Protection Class** _____

Average Story Height: _____ **Basement:** _____ **Square footage:** _____

Security at Job Site: Fenced ___ Lighted ___ Watchman ___

Approx Distance to Fire Station: _____ **Fire Hydrant 500ft Y/N:** _____

Entry Alarm Y/N _____ **Manuel Fire Alarm Y/N** _____ **Sprinklers Y/N** _____

Historic Building Y/N (over 50 yrs old) ___ NO _____ **National Historic Y/N**

___ NO _____

Additional Comments: (add pages if needed)

Signed: _____ **Date:** _____

Title: _____

*Forward this form to General Services Department, Risk Management Division,
Attention Al Duran
Fax Number 505-827-2108*