

Quote Needed By: _____
Effective Date: _____

Builder's Risk Fax Quotation Application

Insured _____

Address _____

Project Name _____

Location or address _____

Owner name _____

Owner address _____

New Construction _____ %

Renovation _____ %

Description of Project _____

Is coverage required for existing structure: Yes No

If yes, please indicate amount, construction type, age and square footage:

Completed Value/Contract Price _____

Existing Structure Value _____

Subtract the following line items if coverage is not required/or desired:

Underground Utilities _____

Parking Lots _____

Sidewalks _____

Grading of Land _____

Foundations _____

Total _____

Deductible: 1,000 2,500 5,000

Number of stories: _____

Sprinklered: Yes No

Fenced: Yes No

Security Guard: Yes No

Length of project: 6 mos. 1 year 18 mos. 2 years

Construction: Frame Joisted Masonry
 Non-Comb Masonry Non-Comb.
 Mod. Fire Res. Fire Res.

Total Square Footage: _____

Intended occupancy _____

Additional insured if different from owner _____

Please provide copy of contract pertaining to Builder's Risk for any unusual requirements.

FOR AGENCY USE ONLY:

Please include the following coverages with quotation:

Amend Named Insured to include Sub-contractor and Sub-sub-contractors Yes No

Permission to occupy Yes No

Testing Yes No

Equipment Breakdown Yes No

Ordinance or law Yes Limit \$ _____ No

Property In Transit Yes Limit \$ _____ No

Property In Temporary Storage Yes Limit \$ _____ No

Flood Yes Limit \$ _____ No

Earthquake

Yes Limit \$ _____ No

Increase Debris Removal

Yes Limit \$ _____ No

Consequential Loss

Yes Limit \$ _____ No

Modify Waiver of Subrogation Wording

Yes No