



## Builders Risk/Installation Policy Quote Request

### INSURED INFORMATION

- 1- Prospect insured name: \_\_\_\_\_  Corp  Individual  Other: \_\_\_\_\_
- 2- Mailing address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- 3- Insured contact name: \_\_\_\_\_ Phone: \_\_\_\_\_
- 4- Description of named insured:  Owner  Contractor  Owner/Contractor
- 5- Do you have any additional insured:  Yes  No  
If Yes, Name/Address: \_\_\_\_\_ Interest: \_\_\_\_\_

### BUILDER INFORMATION

- 6- Is the builder's name different than the named insured?  Yes  No,  
If Yes, Name: \_\_\_\_\_ Address: \_\_\_\_\_
- 7- Does the builder/remodeler have at least 2 years experience?  Yes  No
- 8- Number of structures built/remodeled in the past 2 years:  1-2  3-10  Other: \_\_\_\_\_
- 9- Number of structures projected for the next 12 months: \_\_\_\_\_
- 10- Has builder/remodeler has any single loss over \$10,000 in the last 3 years:  Yes  No,  
If Yes include details: \_\_\_\_\_

### POLICY INFORMATION

- 11- Property State: \_\_\_\_\_ Property County: \_\_\_\_\_
- 12- Type of policy:  One-shot new construction  One-shot remodeling  
If remodeling:  Excluding /  Including coverage for existing structure
- 13- Type of policy:  One Shot policy  Reporting policy
- 14- Type of property:  Residential (1-4 single family dwellings)  Commercial
- 15- Policy effective date: \_\_\_\_\_

### PROPERTY INFORMATION

- 16- Property address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
- 17- Is the contractor insuring any other buildings with Zurich within 100 feet of this structure:  Yes  No  
If Yes, provide estimated completed values including this one: \$ \_\_\_\_\_



- 18- Construction material:  Frame  Joisted Masonry  Non-Combustible  
 Masonry Non-Combustible  Fire Resistive

**Frame** - exterior walls constructed of wood or other combustible materials such as brick veneer, stone veneer, wood and stucco on wood.  
**Joisted Masonry** - exterior walls constructed of masonry materials such as brick, concrete, block, stone or similar materials and the floors and roof are of wood construction.  
**Non-Combustible** - exterior walls, floors and roof constructed of metal, gypsum or other non-combustible materials.  
**Masonry Non-Combustible** - exterior walls, floors and roof constructed of masonry or fire resistive materials with fire resistance rating of not less than 1 hour.  
**Fire Resistive** - exterior walls, floors and roof constructed of masonry or fire resistive materials with a fire resistance rating of not less than 2 hours.

- 19- Protection class:  1  2  3  4  5  Other: \_\_\_\_\_  
20- Will structure be occupied during construction:  Yes  No  
If Yes, by whom: Owner Tenant Other: \_\_\_\_\_  
21- Describe actual/future occupancy: \_\_\_\_\_  
22- Square footage of structure: \_\_\_\_\_  
23- No. of stories:  1  2  3  4  5  Other: \_\_\_\_\_  
24- Any previous losses at this location as a result of quake, flood, wind, fire or vandalism:  Yes  No

**PROJECT INFORMATION**

- 25- Has the project started?  Yes  No  
If Yes, Date started: \_\_\_\_\_ Percent completed: \_\_\_\_% Project Completion Date: \_\_\_\_\_  
26- Is there a sales contract on this structure:  Yes  No  
27- Estimated length of project (in months): \_\_\_\_\_  
28- Is the structure modular:  Yes  No

**COVERAGE INFORMATION**

Coverages:

- 29- Total completed value of any one structure: \$ \_\_\_\_\_  
30- Total completed value of all covered property: \$ \_\_\_\_\_



Optional Coverages:

- 31- Any coverage for development/subdivision fences, walls, or signs:  Yes  No
- 32- Do you want to exclude wind coverage:  Yes  No
- 33- Eligible for the wind pool:  Yes  No  
If Yes: Will coverage be purchased through the wind pool:  Yes  No Limit purchased: \$\_\_\_\_\_
- 34- Include the HBIS-78 Change Order Coverage Endorsement:  Yes  No  
If Yes, what is the percentage:  10%  20%  30%

**WINDSTORM INFORMATION (Florida risks only)**

- 35- Is this structure located within 1,000 feet of tidal water or on a barrier island:  Yes  No
- 36- Is building being constructed on pilings:  Yes  No  
If "yes" depth of the piling if feet: \_\_\_\_\_
- 37- Percent completed by November 1<sup>st</sup>: \_\_\_\_\_%
- 38- When the building will be capped (reach the highest point): \_\_\_\_\_
- 39- When will the building be fully enclosed: \_\_\_\_\_
- 40- What percentage of the structure is glass: \_\_\_\_\_% Is the glass impact resistant:  Yes  No

**SIGNATURES**

FLORIDA FRAUD STATEMENT: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

41- Insured signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

42- Agent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to: 305-463.9431 or send it by email to: **GMAIL@ALLCITYINS.COM**