

**GENERAL INFORMATION**

**BUILDERS RISK QUICK QUOTE**

**SUBMISSION DATE** \_\_\_\_\_ **AGENT** \_\_\_\_\_

**BUSINESS NAME** \_\_\_\_\_

**CONTACT NAME** \_\_\_\_\_ **POSITION** \_\_\_\_\_

**MAIL ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**WEBSITE** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_ **CELL** \_\_\_\_\_

**Federal ID** \_\_\_\_\_

**Years in Business** \_\_\_\_\_

**Type of Business:**     Corp     LLC     Sole Prop     Partner     Other \_\_\_\_\_

<b>Owners:</b>	<b>Name</b>	<b>Title</b>	<b>% Owned</b>	<b>DOB</b>	<b>SSN</b>
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

**Status of Submission**

**: Current Carrier:**

**:  Currently Insured** \_\_\_\_\_ **# Years**

**Quote - Need Quote Back:** \_\_\_\_\_

**: With Who:**

**Target Premium Needed:** \_\_\_\_\_

**:**

**:**

**Full Description of Business Operations**

**Builders Risk:**

**Quote**

**Issue Policy**

**BUILDERS RISK SECTION**

Building #1 \_\_\_\_\_ Now Paying \_\_\_\_\_

Physical Location Address \_\_\_\_\_  
(if different from mailing address)

Applicant Owns Building  Applicant Building For Other – List Owner \_\_\_\_\_

Responding Fire Department \_\_\_\_\_ Dist to FD \_\_\_\_\_ Dist to Hydrant \_\_\_\_\_

Square Foot \_\_\_\_\_  Residential Construction  Commercial Construction

Final Occupancy \_\_\_\_\_

Construction:  Frame  Masonry NC  Masonry  Non Combustible

Has Construction Begun \_\_\_\_\_ When \_\_\_\_\_ How Much Complete \_\_\_\_\_

Building Limit \_\_\_\_\_ Deductible \_\_\_\_\_

Lien Holder Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BUILDERS RISK SECTION**

Building #2 \_\_\_\_\_ Now Paying \_\_\_\_\_

Physical Location Address \_\_\_\_\_  
(if different from mailing address)

Applicant Owns Building  Applicant Building For Other – List Owner \_\_\_\_\_

Responding Fire Department \_\_\_\_\_ Dist to FD \_\_\_\_\_ Dist to Hydrant \_\_\_\_\_

Square Foot \_\_\_\_\_  Residential Construction  Commercial Construction

Final Occupancy \_\_\_\_\_

Construction:  Frame  Masonry NC  Masonry  Non Combustible

Has Construction Begun \_\_\_\_\_ When \_\_\_\_\_ How Much Complete \_\_\_\_\_

Building Limit \_\_\_\_\_ Deductible \_\_\_\_\_

Lien Holder Name and Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_