

GENERAL INFORMATION

BUILDERS RISK QUICK QUOTE

SUBMISSION DATE _____

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 _____

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Status of Submission

Quote - Need Quote Back: _____

: Current Carrier:

: [] Currently Insured _____ # Years

: With Who:

:

:

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 _____

