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# Request for Builders Risk Quote for

# NEW CONSTRUCTION PROJECT

***(Excluding Florida or Coastal Counties)***

**Today’s Date:** **Need By Date:**

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| Insured Information |
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| Named Insured: |
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| |  | | --- | | Insured is (check one):  Project Owner  Contractor  Developer  Other | |
|  |
| Contact Name: |
|  |
| Insured Mailing Address: |
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| Contact’s Phone Number: |
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| Contractor Information: |
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| Name of Contractor (If Different from Named Insured): |
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| Mailing Address: |
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| # of Years in Business: |
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| Does Contractor have a Risk Management or Safety Division?  Yes  No |
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| Does Contractor follow “Best Practices for Employee Safety?  Yes  No |

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| Project Information |
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| Project Name & Description: |
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| Project Type:  Commercial  Residential  Road  Energy  Construction Type **(check one**):  Frame  Joisted Masonry  Noncombustible  ***(See below for descriptions****)*  Masonry NonCombustible  Fire Resistive |
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| Project Street Address including City, County, State and Zip: |
|  |
| Anticipated Start Date:  Anticipated End Date: |
| (Proposed Effective Date of Policy) (Proposed Expiration Date of Policy) |
| Is this project currently under construction?  Yes  No  If Yes, what is the original start date: :  % Completed:  Values Completed: :  # of Buildings:# of Stories**:** Sq. Ft. each bldg.: Total Sq.Ft**.:**  Jobsite Security:  Fenced  Lighted  Patrolled  Cameras  On-site Watchman  Other (describe)  Is Debris removed from the site at regular intervals:  Yes  No |
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| LIMITS: |
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| New Construction Completed Value:  Values not part of project (Furniture, Fixtures & Equipment):  Soft Costs Limit: Loss of Rents Amount: Loss of Earnings Amount**:**  **TOTAL PROJECT LIMIT:** |
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| SUBLIMITS: |
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| Temporary Storage:Transit: Debris Removal: |
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| OPTIONAL COVERAGES: |
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| Cold Testing:  Yes  No  Hot Testing:  Yes  No  Mechanical Breakdown:  Yes  No  Flood Coverage:  Yes  No If yes, provide desired limit:  Earthquake Coverage:  Yes  No If yes, provide desired limit:  Permission to Occupy:  Yes  No  Change Order Endorsement up to 10% of Project Value  Yes  No    Named Insured to include All Subcontractors:  Yes  No  Extra Expense Sublimit:  Yes  No If yes, provide desired limit:  Waiver of Coinsurance:  Yes  No  Any Levels underground: Yes  No If yes, provide details: |
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| DEDUCTIBLE OPTIONS: |
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| $2,500  $5,000  $10,000  $25,000  $50,000  $100,000 |
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| ADDITIONAL INFORMATION NEEDED: (Attach if Available) |
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| Project Spec’s  Most Current Construction Schedule to include Cost Breakdown  Site or Plot Plan  Engineering and/or Geotechnical Report  FEMA Flood Hazard Determination  Water Detection System Information |
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| INFORMATION PROVIDED BY: |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | SIGNATURE |  | TITLE |  | DATE | |
|  |

**CONSTRUCTION TYPE:**

FRAME**:** Walls are constructed of wood or other combustible materials, including when combined with

other materials such as brick veneer, stone veneer, wood ironclad or stucco on wood.

JOISTED MASONARY: Walls are constructed of masonry materials such as clay, adobe, brick,

gypsum block, cinder block, hollow concrete block, stone, tile, glass block or other similar material and

where the floors and/or roof are combustible.

NONCOMBUSTIBLE:Walls/floors/roof are constructed of and supported by metal, asbestos, gypsum

or other noncombustible material.

MASONRYNONCOMBUSTIBLE: Walls are constructed of masonry materials of the type described in

Joisted Masonry above but with a floor and roof construed of metal or other noncombustible material.

FIRE RESISTIVE: Walls/floors/roof are constructed of fire resistive materials having a resistance rating

of not less than two (2) hours.