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# Request for Builders Risk Quote for

# PROJECTS IN 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  |

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| Contact Name: Contact’s Phone Number:  |
|  |
| Mailing Address:  |
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| Contractor Information: |
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| Name of Contractor (If Different from Named Insured):  |
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| Mailing Address:  |
|  |
| # 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/Scope:  |
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| Project Type: **[ ]**  New Construction **[ ]**  Renovation/NonStructural **[ ]** Renovation/Structural ***(See below for descriptions*) [ ]** New AdditionConstruction 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: Distance from the Coast:Distance from Tidal Water**:**  |
|  |
| Anticipated Start Date:  Anticipated End Date:  |
| (Proposed Effective Date of Policy) (Proposed Expiration Date of Policy) |
| Is this project currently under construction? **[ ]**  Yes **[ ]**  NoIf Yes, what is the original start date: :  % Completed:  Values Completed:  Any changes for Load Bearing Walls: **[ ]**  Yes **[ ]**  No If Yes, provide details:# 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 **[ ]**  NoIs Coverage Needed for the Existing Structure? **[ ]**  Yes **[ ]**  No If Yes:Amount of Coverage/Completed Value:  Replacement Cost**: [ ]  or** Actual Cash Value**: [ ]** What is the original year built:  Is the building sprinklered: **[ ]**  Yes **[ ]**  No - Is there an operational burglar alarm system: **[ ]**  Yes **[ ]**  NoAre entrances locked during non-working hours: **[ ]**  Yes **[ ]**  No Will the building be occupied during construction: **[ ]**  Yes **[ ]**  No  If Yes, advise times of the day it will be occupied and who will occupy it: Percentage Complete by November 1st:When will the building reach its highest point:When will the building be fully enclosed: What percentage of the structure is glass:Is the glass Impact resistant: : **[ ]**  Yes **[ ]**  No   |
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| LIMITS: |
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| Existing Structure (If Applicable): |
| New Addition Value (If Applicable): |
| 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 **[ ]**  NoHot Testing: **[ ]**  Yes **[ ]**  NoMechanical Breakdown: **[ ]**  Yes **[ ]**  NoFlood Coverage: **[ ]**  Yes **[ ]**  No If yes, provide desired limit:  If Yes, provide NFIP Flood Zone: 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 **[ ]**  NoExtra Expense Sublimit: **[ ]**  Yes **[ ]**  No If yes, provide desired limit:Waiver of Coinsurance: **[ ]**  Yes **[ ]**  NoAny Levels underground: **[ ]**  Yes **[ ]**  No If yes, provide details: |

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| DEDUCTIBLE OPTIONS: |
|  |
|  **[ ]**  $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 |

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**PROJECT TYPE:**

**[ ]** NEW CONSTRUCTION

**[ ]** RENOVATION-NONSTRUCTURAL: Remodel of interior finishes/replacement of interior fixtures, cabinets, flooring, HVAC/plumbing, electrical, etc.

**[ ]** RENOVATION-STRUCTURAL: Repair/replace/remove load bearing walls/add additional stories/add stairways or elevators.

**[ ]** NEW ADDITION: Addition of space with remodel/renovation for tie-in purposes only and interior

remodel as shown above.

**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.