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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: |
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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/Scope: |
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| Project Type:  New Construction  Renovation/NonStructural Renovation/Structural  ***(See below for descriptions*)** New Addition  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:  Distance from the Coast:Distance from Tidal Water**:** |
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| 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:  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  No  Is 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  No  Are 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  No  Hot Testing:  Yes  No  Mechanical Breakdown:  Yes  No  Flood 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  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: |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | |  |  |  |  |  | | 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.