

Request for Builder's Risk Quotation

GENERAL INFORMATION

Insured: _____

Owner of Policy: _____
(If Different than Insured)

Mailing Address: _____
(If Different than Insured)

BUILDING INFORMATION

Address: _____ County: _____

Choose Type Construction

New Building - Completed Value: _____

Renovation - Cost of Work: _____ Value of Existing Structure: _____

Is coverage desired on Existing Structure (Y/N): _____

Sq Feet: _____ Deductible: _____ Building Construction: _____

Number of Buildings: _____ Stories: _____ Date Construction Started: _____

Duration of Job: _____ Security: _____
(Guard, Fenced area, Lighted, Etc.)

Choose One:

Residential: *(Need Brief Description)* _____

Commercial: *(Need Brief Description)* _____

Loss Payee's Name: _____

Loss Payee's Address: _____

Comments / Special Instructions: _____

CONTACT INFORMATION

Quote Requested By: _____ Date: _____

Fax To: (248) 355-2175