



## BUILDERS RISK QUOTE SHEET

Return via email to [steven@marcusagent.com](mailto:steven@marcusagent.com) or FAX (866)669-0081

### BUILDERS RISK INFORMATION

Insured Name:

Address:

City:

State:

Zip Code:

Contact Name:

Email Address:

Phone #:

Insured Form of Business:

- Individual     Corporation     LLC     Partnership     Other:

Description of Named Insured:

- Owner/Contractor     Owner     Contractor

Is the builder's name different from the named insured?

- Yes     No

If Yes, Name:

Address:

Does the Builder have at least 2 years of experience?

- Yes     No

# of structures built in last 12 months:

- 1-2     3-50     Other:

# of structures projected in next 12 months:

- 1-2     3-50     Other:

Has the builder had any losses over \$10,000 in last 3 years?

- Yes     No

If Yes, explain:

Insured Property Address:

City:

State:

Zip Code:

Property Parish:

Project:

- New Construction     Remodel/Renovation Excluding coverage for existing structure  
 Remodel/Renovation Including coverage for existing structure

Property Type:

- Single Family     Multi (1-4 single family dwellings)     Commercial



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Intended Use/Occupancy of the completed building:

Policy effective date:

Policy Period:

1 year

6 months

9 months

Is the contractor insuring any other buildings within 100 ft? If yes, value:

Yes

No

Construction material:

Frame

Joisted masonry

Non-Combustible

Masonry Non-Combustible

Fire Resistive

Year Built (existing structure)

# of Stories

Intended Occupancy:

Single family dwelling

Office

Retail

Habitational (1-4 units)

Warehouse

Wholesale

Other:

Will structure be occupied during construction?

Yes

No

By Whom?

Total Square footage

Has project started?

Date started

% complete

Is there a sales contract on the structure?

Yes

No

Estimated length of project (# of months)

Scope of Work:

New Construction

Remodel/ Minor Structural

Remodel/Structural

Description of work:

Dollar amount of renovation/improvements or value of new structure:

Value of existing buildings or structures amount (Renovation Policy):

Deductible :

\$1,000

\$2,500

\$5,000

\$10,000

Wind Deductible:

3%

5%



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Is this structure located within 1,000 feet of tidal water or on a barrier island?

Yes  No

When will the building be capped(reach its highest point):

When will the Building be fully enclosed:

% of the structure is glass

Is the glass impact resistant?

Yes  No

Will the existing structure be insured by another policy during construction?

Yes  No

Does the building have an operable sprinkler system?

Is the structure listed on any historical registry?

Yes  No

Yes  No

Has the existing structure been moved or will it be moved as part of the project?

Yes  No

Date of purchase for existing structure:

Any losses at this location as a result of flood, wind, fire vandalism?

Yes  No

Construction type of existing structure:

Additional Interest type:

Builder  Mortgagee  Loss payee  Other:

Interest name:

Phone

Interest Address:

City

State

Zip Code