



# BUILDERS RISK QUOTE FORM

Client Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Location Address: \_\_\_\_\_

Street Address

County

City

State

Zip

Intended Occupancy: \_\_\_\_\_

Feet to fire Hydrant: \_\_\_\_\_ Miles to fire department: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Building Construction:  frame  masonry  masonry non-combustible  metal

Type of Construction:  residential  commercial

Type of Policy:  remodel  new construction

Desired Deductible:  \$500  \$1000  \$2500  \$5000

New Construction Insurance Value Excluding Land: \_\_\_\_\_ Value of Existing Structure: \_\_\_\_\_

Existing Structure Coverage Desired:  yes  no

Policy Effective Date: \_\_\_\_\_ Project Start Date: \_\_\_\_\_ Length of Project: \_\_\_\_\_

Coverage for Development/Subdivision Fences, Walls or Signs:  yes  no If Yes, How Much: \_\_\_\_\_

Additional Insured  Mortgagee (select one)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address

City

State

Zip

### IF THIS IS A REMODEL PLEASE COMPLETE THE FOLLOWING:

Age of Structure: \_\_\_\_\_ Historical Structure:  yes  no

Date of Heating System Last Updated: \_\_\_\_\_ Date of Electrical System Last Updated: \_\_\_\_\_

Purchase Price of Shell: \_\_\_\_\_

Will Remodeling Work on the Existing Structure Begin Within 60 Days of Effective Date:  yes  no

Amount of Renovations/Improvements: \_\_\_\_\_

Is Profit Included in Renovation/Improvements Amount:  yes  no

**BUILDER INFORMATION:**

Builder Name: \_\_\_\_\_

At Least Two Years Experience:  yes  no

Business Description:  Home Builder  Commercial GC  Remodeler

If Remodeler, Any Foundation, and Structural Changes in Load Bearing Walls:  yes  no

Number of Structures Built/Remodeled in Past 12 Months: \_\_\_\_\_

Number of Structures Projected For The Next 12 Months: \_\_\_\_\_

Loss Experience for Last 3 Years (Indicate Cause of Loss for Any Claim Over \$5,000): \_\_\_\_\_

\_\_\_\_\_

**Is the Structure Modular:**  yes  no

If YES Complete The Following:

Who Provides Transit Coverage: \_\_\_\_\_

How Are Structures Transported To The Job Site: \_\_\_\_\_

Estimated Time To Complete The Structure: \_\_\_\_\_

Does The Manufacturer Put The Four Sides Together and Then The Builder Finish It:  yes  no

Manufacturer's Website: \_\_\_\_\_

**Is the Location Apartments, Condos or Multi-Unite Structures:**  yes  no

If YES Complete The Following:

Number Of Buildings: \_\_\_\_\_ Number of Units Per Building: \_\_\_\_\_ Value Per Building: \_\_\_\_\_

Distance Between Buildings: \_\_\_\_\_ Total Project Completed Value: \_\_\_\_\_

State and Completion Date of Each Building: \_\_\_\_\_

Will the Structure Be Occupied During Construction:  yes  no

**YES Answers To The Following May Require An Additional Application:**

Is The Structure In A Coastal County:  yes  no

Is The Projection Class 9 or 10:  yes  no

(Protection Class 9 Means No Hydrant Or Suction Point, But You Still Have A Fire Department Within 5 Miles.  
Protection Class 10 Means You Have Neither.)

**Fax or email this completed form to the contact info below. All new Builders Risk projects must be reported. Failure to report the start prior to construction will result in no coverage.**

Specialized Insurance Services, Inc.  
1912 E. Broad Street – Richmond, Virginia 23223  
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