

Insurance Solutions Inc

Builders Risk Quote Sheet

(Everything must be completed to get a quote.)

Agency Name _____

Named Insured _____ Contact Name _____

FEIN# _____ Phone # _____ Years' Experience _____

Mailing address _____

City _____ State _____ ZIP _____

Effective Date from _____ to _____
Start Date Completion Date

Has Project started _____ if so what date did it start? _____

Are you a current member of the Home Builders Association? If so which one _____

Completed Value _____ Residential or Commercial Occupancy

Property Location (Inc City, state, zip) _____

County _____ # of stories _____ Sq. footage _____

Construction _____ Protection Class _____ Ft to Fire Hydrant _____ Miles to Fire Dept. _____

Deductible 1000/2500/5000 Renovation or New construction _____

If Renovation: Year built of original structure _____ Original structure value _____

Cost of renovations _____ do you want to cover original structure on Builders Risk _____?

If so the original structure will be on an ACV basis.

Do any of the renovations include structural changes to Building _____ (i.e. load bearing wall removal, additions, footing change) If so we will have to have a copy of the engineers report before we can quote.

Contractors name and address if the contractor is not a licensed general contractor the risk is ineligible for coverage).__

License # of contractor: _____

Mortgage Name and Address _____

PC 9-10 QUESTIONNAIRE

The following needs to be completed to quote in a protection 9 or 10

- (1) Distance to nearest hydrants _____
- (2) Any on premises or local water supply _____
- (3) Distance to nearest responding fire department:
(Paid or Voluntary Fire dept.) _____
- (4) What type of equipment at fire department?
Pumps _____
Water Trucks _____
- (5) Any mutual aid agreements between the local fire departments _____
- (6) Any special firefighting procedures, such as quick dump or a relay system _____
- (7) Response Time _____
- (8) # of visible homes in area _____