

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?)
- (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?