



COMMERCIAL or RESIDENTIAL BUILDERS RISK QUOTE WORKSHEET

DATE: _____ Underwriter: _____

AGENCY: _____

CONTACT NAME: _____ PHONE # _____ FAX# _____

NAMED INSURED _____ Phone # _____
Address _____ Zip _____

CONTRACTOR (required) _____ Phone # _____
Address _____ Zip _____

Years in Business _____ FL Contractor License # _____ General Liab. Carrier _____ & Limits _____

Prior Builders Risk carriers _____

3 years Loss History on Builders Risk _____

Contractors Estimated Annual Receipts \$ _____ (needed for projects over \$2million)

Estimated number of projects for current year _____ Contact Information _____

PROJECT NAME / DESCRIPTION / INTENDED OCCUPANCY

PROJECT ADDRESS

_____ Zip _____ - _____ County _____

Closest Cross Streets (to locate on map) _____

ESTIMATED COMPLETED VALUE (100%)

New Construction \$ _____ Renovations (if any) \$ _____

Addition (if any) \$ _____ Existing Structure (if any) \$ _____

*Note: Existing Structure is EXCLUDED by policy but may be considered by endorsement.

Soft Cost (optional; i.e. Legal/Acct fees) \$ _____

Transit Limit \$ _____ Temporary Storage Limit \$ _____

Special Form Deductible \$ _____ Named Storm Deductible \$ _____

Wind & Hail Deductible \$ _____ Windstorm & Hail Excluded ** Yes [] No []

**** Windstorm coverage is currently not available on Residential Builders Risk thru FWUA. ****

CONSTRUCTION INFO:

WALLS Frame [] Stucco/Brick [] Concrete Block [] Steel [] Masonry w/Steel [] Reinforced Concrete []

ROOF Wood Joist [] Steel Joist [] Metal Deck [] Built Up [] Concrete [] Other [] _____

TYPE OF FOUNDATION/ CONSTRUCTION _____

PILINGS? Yes [] No [] If Yes, type & depth required: _____

GLASS: Percentage of glass? _____ Is glass wind resistive / impact resistive? Yes [] No []

FIREWALLS? Yes [] No [], Number? _____ Rating? _____ of hours, Extend above roofline by 2 feet? Yes [] No []

UNDERWRITING INFO:

Square Footage _____ **Number of Stories** _____ **Number of Buildings** _____ **Pre-Sold** Yes [] No []

Renovation/ Demolition/ Addition Yes [] No [] **Original Year Built** _____ Describe any renovation, demolition, or addition work being performed _____

Feet to Fire Hydrant _____ **Miles to Fire Station** _____ **Distance to closest Body of Water** _____

ISO Protection Class _____ **EC (wind) Zone** _____ **Flood Zone** _____ **Flood Elevation Cert required for quoting flood.**

Jobsite Security: Fenced [] Lighted [] Watchman [] Hours _____ Locked Trailer [] Gated Community [] Guarded Gates [] **Other** if any _____

Estimated Date that all exterior doors and windows will be installed _____

Has BUILDING (not counting Site Work) Construction Started? _____

If yes, what date did building construction start? _____ % of completion now? _____



Reason insurance was not purchased when project started. _____

**We will need written confirmation of NO LOSSES. **

Estimated Start Date _____ Number of Days to Complete _____

Desired Effective Date: _____

Agent Signature _____

Date: _____

Insured Signature _____

Date: _____