

Builder's Risk Quote Form

Date: ____/____/____

Builders Name: _____

Type of Business: Sole-Prop / Partnership / LLC / Corp

Builders Address: _____

FEIN or SS#: _____

Years Building Experience: _____

Employees: Yes / No

Property Address: _____

County: _____

1. Total Value (Sale Price – Land Price)? _____

2. Is this a new start: Yes / No (If No please request different Quote Form)

3. How many stories? _____

4. Is this Residential or Commercial? _____

5. Do you want Earthquake Coverage? Yes / No

6. Type of Construction? _____

7. Is the property inside city limits? Yes / No

8. Estimated time of Completion? _____

9. Total Square Footage? _____

10. Deductible? \$1,000 / \$2,500 / \$5,000

11. Estimated Percentage of Profit? _____

Additional Interests:

Mortgagee: _____

Mortgagee Address: _____

Contact Name: _____

Contact Email: _____

Contact Phone: _____ Fax: _____

Additional Insured / Property Owner:

Name: _____

Address: _____

Email: _____

Phone: _____ Fax: _____