

Builders Risk Quote & Bind Online Application

Insured Information Insured Name DBA Mailing Address _____ State_____ ZIP Code __ City_ Contact Name _____ Email Address___ Phone Number ___ Eligibility Yes No Has the customer filed any bankruptcies in the last five years? Has the insured or contractor (if different from the insured) had coverage cancelled or non-renewed in the past three years? Is the contractor a licensed contractor? Loss history the past three years ☐ No losses ☐ One loss less than \$10,000 ☐ Loss ratio >40% or one loss > \$10,000 Has the project begun? Is the project a renovation/addition to an existing structure? **Project Details** Effective Date Project Site Address _____ City ____ State ZIP Code **Project Description** Completed project value/jobsite limit_ Type of Construction ☐ Wood frame (ISO 1) ☐ Masonry Non Combustible (ISO 4) ☐ Joisted masonry (ISO 2) ☐ Fire Resistive/Modified Fire Res (ISO 5, 6) ☐ Non Combustible (ISO 3) **Protection Class** ☐ PC 1-6 ☐ PC 7-8 ☐ PC 9-10 Intended Jobsite Occupancy Number of Stories Building Area (square footage) _ **Project deductible □** \$1,000 \$2,500 \$5,000 \$10,000 \$25,000

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Coverage Limits

Transit □ \$100,00	00 🛮 \$250,000	□ \$500,000
Temporary locations	\$100,000	□ \$250,000 □ \$500,000
Flood Flood limit _		Flood deductible □ \$25,000 □ \$50,000 □ \$100,000
Earthquake Earthqu	ake limit	Earthquake deductible □ \$25,000 □ \$50,000 □ \$100,000
Equipment Breakdown	☐ What is your occ	cupancy (for example, offices, restaurant, etc.)?
Time Element Limits Soft Costs \$		
	☐ Interest on const	struction loans and loan renegotiation costs
	☐ Advertising & pro	romotional expenses
	☐ Realty taxes, lice	ense fees or permit fees
	☐ Architectural or e	engineering supervisory or consulting fees
	☐ Lease renegotiati	ation fees
	☐ Insurance premiu	iums (builder's risk, workers comp and general liability)
Rental Value \$		
Time Element Deductible ☐ 24 hours ☐		☐ 48 hours ☐ 72 hours ☐ 7 days

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