

Builders Risk Quote & Bind Online Application

Insured Information Insured Name DBA Mailing Address ___ ZIP Code City Contact Name Phone Number Email Address Eligibility Yes No Has the customer filed any bankruptcies in the last five years? П 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? П 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? П Is the project a renovation/addition to an existing structure? **Project Details** Effective Date ___ Expiration 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 Number of Stories Building Area (square footage) **Project deductible** □ \$1,000 □ \$2,500 □ \$5,000 □ \$25,000 □ \$10,000 **Coverage Limits** Transit □ \$100,000 □ \$250,000 □ \$500,000 Temporary locations □ \$250,000 □ \$100,000 □ \$500,000 Flood Flood limit Flood deductible \$25,000 □ \$50,000 □ \$100,000 Earthquake Earthquake limit ___ ____ Earthquake deductible □ \$25,000 □ \$50,000 □ \$100,000 Equipment Breakdown Include What is your occupancy (for example, offices, restaurant, etc.)?

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