

STANDARD LINES

B R O K E R A G E

All QUESTIONS MUST
BE ANSWERED!

Builders Risk Quick Quote

AGENT INFORMATION

Agent Name: _____

Agent Address: _____

Agent City: _____ State: _____ Zip Code: _____

Agent Phone: _____ Fax: _____ E-mail: _____

INSURED INFORMATION

Insured Name: _____

Insured Mailing Address line 1: _____

Insured Mailing Address line 2: _____

Insured City: _____ State: _____ Zip Code: _____

Insured Contact Information Name: _____

Phone: _____ Fax: _____ E-mail: _____

Insured's Form of Business: Individual Partnership Corporation Joint Venture LLC
 Other _____ If "Other" is selected enter description

Description of Named Insured: Owner Contractor Owner/Contractor

BUILDER INFORMATION

Is the builder's name different than the named insured? Yes No

If "yes", provide name _____

If "yes", would you like to add the builder as an other named insured? Yes No

Does builder/remodeler have at least 2 years experience? Yes No If "No", the risk is not eligible

Number of structures built/remodeled during the past 12 months 1-2 3-50 Other _____

Number of structures projected for the next 12 months 1-2 3-50 Other _____

Has the builder/remodeler had any single loss over \$10,000 in the last 3 years? (include insured/uninsured losses)

Yes No If "Yes", include the date, description, and amount of each loss _____

POLICY INFORMATION

Property State: _____ Property County: _____

Type of Project: New Construction
 Remolding/Renovation **excluding** coverage for the existing structure
 Remolding/Renovation **including** coverage for the existing structure

Type of Policy: One-shot policy

Type of Property: Residential (1-4 single family dwelling) Commercial

Policy Effective Date: _____ (12:01 a.m. Standard Time at insured's mailing address above.)

Policy Period: 1 year from effective date

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PROPERTY INFORMATION

Property Address line 1: _____

Property Address line 2: _____

Property City: _____ State: _____ Zip Code: _____ Property County: _____

Is the contractor insuring any other buildings with Zurich within 100 feet of the structure? Yes No

If "Yes", please provide total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one \$ _____ If > \$5M underwriting approval is required.

- Construction Material:
- Frame** - exterior walls constructed of wood or other combustible materials such as brick veneer, stone veneer, wood and stucco on wood.
 - Joisted Masonry** - exterior walls constructed of masonry materials such as brick, concrete, block, stone or similar materials and the floors and roof are of wood construction.
 - Non-Combustible** - exterior walls, floors and roof constructed of metal, gypsum or other non-combustible materials.
 - Masonry Non-Combustible** - exterior walls, floors and roof constructed of masonry or fire resistive materials with fire resistance rating of not less than 1 hour.
 - Fire Resistive** - exterior walls, floors and roof constructed of masonry or fire resistive materials with a fire resistance rating of not less than 2 hours.

Protection Class: 1 2 3 4 5 6 7 8 9 10

Will structure be occupied during construction? Yes No If "Yes" by whom _____

If "Other" enter description _____

Square Footage (MANDATORY): _____

COVERAGE INFORMATION

COVERAGES

Total completed value of any one structure: \$ _____ Greater than \$1,500,000 will require underwriter approval.

Property temporarily at other premises: \$10,000

Property in transit: \$25,000

Total completed value of all covered property: \$ _____ Greater than \$1,500,000 will require underwriter approval.

OPTIONAL COVERAGES

Any coverage for development/subdivision fences, walls or signs? Yes No

If "Yes", please enter coverage amount \$ _____ Greater than \$10,000 will require underwriter approval

Do you want to exclude wind coverage? Yes No

Eligible for the wind pool? Yes No

If "Yes", will wind coverage be purchased through the wind pool? Yes No

What limit can be purchased? \$ _____ Numeric only

Include the HBIS-78 Change Order Endorsement Yes No (not available on 40660 coverage form)

If "Yes" what is the percentage?: 10% 15% 20% 25%

Deductible: \$1,000 \$1,500 \$2,500 \$5,000 If other, please enter amount _____

WINDSTORM INFORMATION

Is this structure located within 1,000 feet of tidal water or located on a barrier island? Yes No

Is building being constructed on pilings? Yes No

If yes, enter the piling depth in feet. If less than 25 ft., underwriting approval is required. _____ feet

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Percent complete by November 1st _____ %
When will the building be capped (reach its highest point)? _____
When will the building be fully enclosed? _____
What percentage of the structure is glass? _____ %
Is the glass impact resistant? Yes No

WINDSTORM SUPPLEMENT

When will construction be coming out of the ground? _____ / _____ / _____
Where and how are building materials stored? _____
What preventative measures will be taken to mitigate losses from windstorm? _____

Distance to tidal water? _____
Elevation of the lowest level above mean high tide? _____
Is location shielded by hills, buildings or any type of windblock? Yes No
If yes, describe: _____
Is location in an area covered by the windpool? Yes No
If yes, what limit can be purchased through the windpool? \$ _____

MODULAR INFORMATION

Who provides transit coverage? _____
How are homes transported to the job site? _____
Does the manufacturer put the four sides together and then the builder finish it off? Yes No
Does the manufacturer have a website address? Yes No
If "Yes", enter the web address: _____
If "No", enter detailed specifications _____
Design number or plan number _____

PROTECTION CLASS 9-10 INFORMATION

Number of miles to the nearest fire station _____
Is fire department manned 24 hours a day? Yes No
Are there currently any fire hydrants on site? Yes No
Will fire hydrants be installed and working prior to the start of the construction as part of the contract? Yes No
If no fire hydrants, source of water for pumper/tanker trucks _____

RENOVATION INFORMATION

Will the existing structure be insured by another policy during construction?
 Yes No If yes, the risk is not eligible.
Does the building have an operable sprinkler system? Yes No
Is the existing structure listed on any historical registry or subject to a historical society regulation?
 Yes No If yes, underwriter approval is required.

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Has the existing structure been moved or will it be moved as part of this project?

Yes No If yes, underwriter approval is required.

Date existing structure was purchased? _____ / _____ / _____

If more than 1 month, underwriter approval is required.

Any previous losses at this location as a result of quake, flood, wind, fire or vandalism?

Yes No If yes, underwriter approval is required.

If yes, explain all losses including the peril involved, amount of the loss and the date of the loss.

Provide a brief description of the structure to be renovated and condition of the existing structure.

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