



275 Fontainebleau Blvd. Suite 190 – Miami – Florida 33172
 305.463.9431 – 877.463.463.9131 / Fax: 305.629.7808
 www.allcityins.com

Builders Risk/Installation Policy Quote Request

INSURED INFORMATION

- 1- Prospect insured name: _____ Corp Individual Other: _____
- 2- Mailing address: _____ City _____ State: ____ Zip: _____
- 3- Insured contact name: _____ Phone: _____
- 4- Description of named insured: Owner Contractor Owner/Contractor
- 5- Do you have any additional insured: Yes No
 If Yes, Name/Address: _____ Interest: _____

BUILDER INFORMATION

- 6- Is the builder's name different than the named insured? Yes No,
 If Yes, Name: _____ Address: _____
- 7- Does the builder/remodeler have at least 2 years experience? Yes No
- 8- Number of structures built/remodeled in the past 2 years: 1-2 3-10 Other: _____
- 9- Has builder/remodeler has any single loss over \$10,000 in the last 3 years: Yes No
 If Yes include details: _____

POLICY INFORMATION

- 10- Property State: _____ Property County: _____
- 11- Type of policy: One-shot new construction One-shot remodeling
 If remodeling: Excluding / Including coverage for existing structure
- 12- Type of policy: One Shot policy Reporting policy
- 13- Type of property: Residential (1-4 single family dwellings) Commercial
- 14- Policy effective date: _____

PROPERTY INFORMATION

- 15- Property address: _____ City: _____ Zip: _____
- 16- Is the contractor insuring any other buildings with Zurich within 100 feet of this structure: Yes No
 If Yes, provide estimated completed values including this one: \$ _____



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- 17- Construction material: Frame Joisted Masonry Non-Combustible
 Masonry Non-Combustible Fire Resistive
- 18- Protection class: 1 2 3 4 5 Other: _____
- 19- Will structure be occupied during construction: Yes No
- 20- Describe actual/future occupancy: _____
If Yes, by whom: Owner Tenant Other: _____
- 21- Square footage of structure: _____
- 22- No. of stories: 1 2 3 4 5 Other: _____

PROJECT INFORMATION

- 22- Has the project started? Yes No
If Yes, Date started: _____ Percent completed: _____%
- 23- Is there a sales contract on this structure: Yes No
- 24- Estimated length of project (in months): _____
- 25- Is the structure modular: Yes No

COVERAGE INFORMATION

Coverages:

- 26- Total completed value of any one structure: \$ _____
- 27- Total completed value of all covered property: \$ _____

Optional Coverages:

- 28- Any coverage for development/subdivision fences, walls, or signs: Yes No
- 29- Do you want to exclude wind coverage: Yes No
- 30- Eligible for the wind pool: Yes No
If Yes: Will coverage be purchased through the wind pool: Yes No Limit purchased: \$ _____
- 31- Include the HBIS-78 Change Order Coverage Endorsement: Yes No
If Yes, what is the percentage: 10% 20% 30%



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WINDSTORM INFORMATION (Florida risks only)

- 32- Is this structure located within 1,000 feet of tidal water or on a barrier island: Yes No
- 33- Is building being constructed on pilings: Yes No
If "yes" depth of the piling if feet: _____
- 34- Percent completed by November 1st: _____%
- 35- When the building will be capped (reach the highest point): _____
- 36- When will the building be fully enclosed: _____
- 37- What percentage of the structure is glass: _____% Is the glass impact resistant: Yes No

SIGNATURES / AGENT INFORMATION

FLORIDA FRAUD STATEMENT: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

- 33- Insured signature: _____ Date: _____
- 34- Agent's signature: _____ Date: _____
- 35- Agency name: _____ Agent: _____
- 36- Agency address: _____ City: _____ State: ___ Zip: _____
- 37- Agency phone: _____ Fax: _____ Email: _____

Please fax this form to: 305-463.9431 or send it by email to: **GMAIL@ALLCITYINS.COM**