

Network Brokers Insurance Center

Course of Construction Quote Form

FAX TO: 800-772-8568

Producer Name: _____

Phone/E-mail address: _____

Insured Contact Information:

Name: _____ Phone number: _____

E-mail address: _____

Insured mailing address, City/State/Zip: _____

Insured's form of business: Individual ___ Corp ___ LLC ___ Partnership ___

Description of named insured: Owner/Contractor ___ Owner ___ Contractor ___

Name of Builder (if different than Insured): _____

Does builder/remodeler/owner/GC have at least 2 years experience: _____ (if No, then ineligible)

Number of structures built/remodeled during the past 12 months: _____

Number of structures projected for the next 12 months: _____

Has the builder/remodeler and/or structure had any single loss over \$10,000 in the last 3 years? (Include insured/uninsured losses and date and amount of loss):

Property Description:

Address: _____ City/State/Zip: _____

Year Built: _____ SQFT of existing Building (including garage SQFT): _____

Type of project:

___ New Construction

___ Remodeling/Renovation Excluding Coverage for existing Structure

___ Remodeling/Renovation Including coverage for the existing structure

Type of Property: Residential (1-4 family SFR/Units): _____ Commercial: _____

Policy Effective Dates: _____ Expire: _____

Is the contractor insuring any other buildings with Zurich within 100 feet of this structure?: _____ If yes, please provide total estimated completed value of all structures under construction within 100 feet and insured with Zurich, including this one: _____

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.

Will structure be occupied during construction: ___ (if Yes, requires underwriter approval)

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

Has the project started: _____

If Yes, what date?: _____ **Percent Complete:** _____

If "No", will renovations begin within 60 days of the policy effective date: _____

Expected completion date of project: _____ **Is there a sales contract on this structure:** _____

Scope of work:

___ **Remodel** - Remodeling of interior finishes; exterior painting; replacement of interior fixtures, cabinets, flooring, etc. No structural changes.

___ **Remodel/Minor Structural** - Remodel work as listed above and minor changes to exterior (doors, windows, skylights, etc.). Roof replacement, ground floor additions and all non-structural changes such as HVAC, plumbing and electrical.

___ **Restructuring** - Repair, replace, remove load bearing walls. Adding additional stories, adding stairways or elevators. Foundation work such as underpinning and/or dewatering.

Description of work to be performed: _____

Amount of renovation/improvements *Greater than \$1,500,000 will require underwriter approval:*

\$ _____

Existing building(s) or structure(s) amount *Actual Cash Value:* \$ _____

Total completed value of all covered property : \$ _____

Greater than \$1,500,000 will require underwriter approval.

Will the existing structure be insured by another policy during construction: _____

Does the building have an operable sprinkler system: _____

Is the existing structure listed on any historical registry or subject to a historical society regulation: _____

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

Date existing structure was purchased (mm/dd/yyyy): _____

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