

BUILDERS RISK QUOTE

OFFICIAL CORPORATE NAME: _____

PHONE #: _____ FAX #: _____

CONTACT PERSON: _____

NATURE OF BUSINESS: _____

ADDRESS: _____

OF YEARS IN BUSINESS: _____ TAX ID #: _____

PROPERTY ADDRESS: _____

LENGTH OF TIME TO POSSES PROPERTY: _____

CONSTRUCTION: _____

VALUE OF PROPERTY: _____

SUBCONTRACTORS: _____

LOSSES IN PAST 3 YEARS: _____

LETTER ON COMPANY LETTERHEAD STATING NO LOSSES IF NONE
PAST 3 YEARS LOSS RUNS (HISTORY OF LOSSES FROM PREVIOUS / EXISTING COMPANY)

CURRENT LIABILITY / PROPERTY COVERAGE: _____
COVERAGE REQUESTING: _____

CURRENT WC COVERAGE: _____
CURRENT GROUP HEALTH COVERAGE: _____
CURRENT ACCIDENT (AFLAC) COVERAGE: _____
CURRENT AUTO COVERAGE: _____
CURRENT LIFE COVERAGE: _____

ADDITIONAL INFORMATION: _____

REFERRAL SOURCE: _____

INFO TAKEN BY: _____ DATE: _____