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## **Builder's Risk New Construction / Remodel Quote Form**

Please complet	te all information on this form.		
<b>Effective Date</b>			
	New Construction		
Project type	Remodeling <u>including</u> coverage for the	_	
	Remodeling <u>excluding</u> coverage for th	e existing structure	
Property addre	2SS		
Property city	County	State Zip code	
Insured name			
Insured mailing address			
City	State	Zip code	
Contact person	·		
Phone #	Fax #	E-mail	
Insured's form	of business Corp / Individual / LLC / Partne	ership / Joint Venture / Other	
Description of named insured Owner / Contractor Owner Contractor			
Is the builder's name different than the named insured?			
If "Yes",builder's name			
Builde	er's address		
City	State	Zip code	
Builde	er's phone #		
Does builder / remodeler / owner / GC have at least 2 years experience? Yes No			
Number of structures built / remodeled during the past 12 months?			
Number of structures projected for the next 12 months?			
Has the builder	r / remodeler had any single loss over \$10,00	0 in the last 3 years? Yes No	
	• •	loss	
<b>,</b>	, ,		

Property type Residential (1-4 Single Family Dwellings / Units) Commercial			
Property protection class Number of stories			
Construction material  Frame  Joisted Masonry			
Masonry Non-Combustible Non-Combustible			
Intended occupancy			
Will structure be occupied during construction?			
If "Yes", by whom?			
Square footage (Including basement)			
Total completed value of any one structure (Limit)			
Total completed value of all covered property (Limit)			
Is there a detached garage?			
If "Yes", square footage Completed value			
Has the project started? Yes No			
If "Yes", date started Percent completed %			
Estimated length of project Months			
Is there a sales contract on this structure?			
Is the structure modular?			
Additional interest type			
Interest name			
Interest address			
Interest city Interest state Interest zip code			
Interest phone #			