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

Please complete all information on this form.

Effective Date \_\_\_\_\_

Project type  New Construction  
 Remodeling including coverage for the existing structure  
 Remodeling excluding coverage for the existing structure

Property address \_\_\_\_\_

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 / Partnership / Joint Venture / Other \_\_\_\_\_

Description of named insured  Owner / Contractor  Owner  Contractor

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

If "Yes", builder's name \_\_\_\_\_

Builder's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Builder'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?  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?  Yes  No

If "Yes", include the date, description, and amount of each loss \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Property type  Residential (1-4 Single Family Dwellings / Units)  Commercial

Property protection class \_\_\_\_\_ Number of stories \_\_\_\_\_

Construction material  Frame  Fire Resistive  Joisted Masonry  
 Masonry Non-Combustible  Non-Combustible

Intended occupancy \_\_\_\_\_

Will structure be occupied during construction?  Yes  No

If "Yes", by whom?  Owner  Tenant  Other \_\_\_\_\_

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?  Yes  No

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?  Yes  No

Is the structure modular?  Yes  No

Additional interest type \_\_\_\_\_

Interest name \_\_\_\_\_

Interest address \_\_\_\_\_

Interest city \_\_\_\_\_ Interest state \_\_\_\_\_ Interest zip code \_\_\_\_\_

Interest phone # \_\_\_\_\_