



Business ◦ Personal ◦ Specialty Insurance

146 West Boylston Drive, Suite 302
Worcester, MA 01606

t: 508-853-2400 / 888-871-2405
f: 508-853-2410

www.thefiai.com

Builder's Risk Insurance Quote Form

This application must be completed by the Applicant or an Authorized Representative of the Applicant's Company.
All answers must be completed. At least 3 years currently valued loss runs are required to quote. Contact your current Agent for loss runs.

Complete a separate application for each location.

1. Applicant name: (include dba) _____
2. Form of business: Individual Corporation Partnership LLC Other _____
3. Mailing address: _____
City: _____ State: _____ Zip: _____
4. Location address to be covered: _____ Same as mailing address
City: _____ State: _____ Zip: _____
5. Audit contact: _____ Phone number: _____
6. Web Site address: _____ Email address: _____
7. Interest of applicant: Owner Contractor Other _____
8. Inspection contact name: _____ E-mail: _____ Phone: _____
9. Requested Policy Effective Date: _____
10. Yes No Is this a single building?
11. Description of project: _____

12. Yes No Is this ground up construction?
13. Yes No Is this an existing building renovation?
14. Yes No Is this a modular home project?
15. Yes No Has any construction work started yet?
16. Yes No Has a Building Permit been obtained?
17. Construction/Renovation Start Date: _____
18. Construction/Renovation Completion Date: _____
19. Policy term desired: 3 months 6 months 9 months 12 months
20. Existing Value (if renovation): \$ _____
21. Cost/Amount of renovation: \$ _____
22. Estimated completed value: \$ _____
23. Deductible that is desired: \$ _____
24. Number of stories: _____
25. Starting square footage (if renovation): _____

26. Estimated completed square footage: _____

27. Construction: Frame or brick veneer Masonry noncombustible Noncombustible Joisted masonry Fire resistive

28. Yes No Is project on filled land or does any demolition need to be done prior to construction?

29. Yes No Does the project include any large open atriums equaling three stories or more?

30. Yes No Does the project include any tandem crane lifts, high values being lifted by a single crane, underground or waterborne exposures?

31. Yes No Does the project include any lift- slab or tilt- up construction methods?

32. Yes No Will the project site be protected by a fence? Height of Fence: _____

33. Yes No Will the project site be in a guarded community?

34. Yes No Will the project site be in a gated community?

35. Yes No Will the project site be lighted (unique to property, other than street lighting)

36. Yes No Will the project site be protected by Central Station Fire & Burglar Alarms?

37. Yes No Will the project site have a watchman on premises during non-working hours?

38. Yes No Has applicant or majority partner filed for bankruptcy in the past five years?

39. Yes No Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/petroleum/energy/co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet?

40. Yes No Soft Cost coverage desired? If Yes, show a limit for any of the following:

Classification	Payroll
Interest expense on money the insured borrows to finance construction	\$
Real estate or property taxes	\$
Advertising and promotional expense	\$
Insurance expense	\$
Commissions, legal and accounting costs and fees and administrative	\$
Architectural fees, building inspection and permit fees and charges	\$
Storage charges	\$
Survey costs	\$
Other: _____	\$

41. Mortgagee or Loss Payee (Name and Address): _____

42. Yes No Does the applicant currently carry General Liability Insurance?
Insurance Company Name: _____ Expiration Date: _____

43. Yes No Has applicant had insurance for this type of operation canceled, declined or non-renewed? If Yes, reason

44. Contractor Name/Address: _____

a) Yes No Contractor is a licensed builder?

b) Yes No Does Contractor carry liability insurance if so, please complete the following information:
Company _____ Limits: \$ _____ (occurrence) & \$ _____ (aggregate)

