Owner Builder Network
BUILDERS RISK INSURANCE INFORMATION

Date of quote request: _____

Owner Builder Network Homeowner: _____
Current Mailing Address: _____
Day Phone: _____ Evening Phone: _____
Cell Phone: _____ Email Address: _____
Jobsite Address: _____
County: _____
Legal Description: _____

Lender Name & Address: _____

Policy Term: _____ Effective Date: _____
(9 month to 1 year policy term)
Dollar amount of insurance to be quoted: $_____
(usually replacement cost or appraised value)
Deductible amount $_____

Foundation Type: _____

Number of Stories: _____

Central Air & Heat: Yes _____ No _____

How many feet from Fire Hydrant: _____ Fire Station location: _____

Roof Type: _____

Exterior Type: _____

Living Area Square Footage: _____

Total Area Square Footage: _____

Number of Bathrooms: _____

Number of Fireplaces: _____

Garage Square Footage: _____ Attached _____ Detached _____

EMAIL QUOTE TO: _____

OWNER BUILDER NETWORK