

Owner Builder Network
BUILDER'S 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: _____

Policy Term: _____

(usually a 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?: _____

Roof Type: _____

Exterior Type: _____

Living Area Square Footage: _____

Total Area Square Footage: _____

Number of Bathrooms: _____

Number of Fireplaces: _____

Garage Square Footage: _____ Attached _____ Detached _____

PLEASE EMAIL QUOTE TO: _____

