



HALCYON UNDERWRITERS
YOUR PARTNER IN PRODUCTION. MAKING THE DIFFERENCE

Exhibit #2 Rev. #6

PHONE / EMAIL COMMERCIAL or RESIDENTIAL BUILDERS RISK QUOTE WORKSHEET

DATE: _____ Underwriter: _____

AGENCY: _____

CONTACT NAME: _____ PHONE # _____ FAX# _____

NAMED INSURED _____ Phone # _____

Address _____ Zip _____

CONTRACTOR (required) _____ Phone # _____

Address _____ Zip _____

Years in Business _____ FL Contractor License # _____ General Liab. Carrier _____ & Limits _____

Prior Builders Risk carriers _____

3 years Loss History on builders risk _____

Contractors estimated Annual Receipts \$ _____ (needed for projects over \$2million)

PROJECT NAME / DESCRIPTION / INTENDED OCCUPANCY

PROJECT ADDRESS

_____ Zip _____ - _____ County _____

Closest Cross Streets (to locate on map) _____

ESTIMATED COMPLETED VALUE (100% Coinsurance)

New Construction (100% Coins) \$ _____ Renovations ACV (if any) \$ _____

Existing Structure ACV (if any) \$ _____ EXCLUDED by policy but may be considered by endorsement

Addition (if any) \$ _____ Soft Cost (optional; i.e. Legal/Acct fees) \$ _____

Transit Limit \$ _____ Temporary Storage Limit \$ _____

CONSTRUCTION DATA

WALLS Frame [] Stucco/Brick [] Concrete Block [] Steel [] Masonry w/Steel [] Reinforced Concrete []

ROOF Wood Joist [] Steel Joist [] Metal Deck [] Built Up [] Concrete [] Other [] _____

TYPE OF FOUNDATION/ CONSTRUCTION _____

PILINGS? Yes No [] If Yes, type & depth required: _____

GLASS: percentage of glass? _____ **Is glass wind resistive** Yes [] No []

FIREWALLS? Yes [] No [] , Number? _____ Rating? _____ of hours, Extend above roofline by 2 feet? Yes [] No []

UNDERWRITING DATA:

Square Footage _____ Number of Stories _____ Number of Buildings _____ Pre-Sold Yes [] No []

Renovation/ Addition Yes [] No [] Year Built _____ if renovation/Addition, any Demolition Yes [] No []

If yes, description _____

Feet to Fire Hydrant _____ Miles to Fire Station _____ Distance to closest Body of Water _____

ISO Protection Class _____ EC (wind) Zone _____ Flood Zone _____ Flood Elevation Cert required for quoting

Security at Jobsite Fenced [] Lighted [] Watchman [] hours _____ Locked Trailer [] Gated Community []

Guarded Gates [] Other if any _____

Special Form Deductible \$ _____ Optional Deductible: \$ _____

Wind & Hail Deductible \$ _____ Windstorm & Hail Excluded ** yes [] no []

**** Windstorm coverage is currently not available on Residential Builders Risk thru FWUA. ****

Has Construction Started? _____ If so, what date did construction start? _____ % of completion now? _____

Reason insurance was not purchased when project started. _____

**We will need written confirmation of NO LOSSES. **

Estimated Start Date _____ Number of Days to Complete _____