

**Builders Risk
Quote Sheet**

Your Information

Named Insured: _____
Current Address: _____
Phone Number: _____

Information on project:

Property Address: _____
In City Limits? _____
Out of City Limits? _____
If Yes, what is responding fire dept? _____ miles to fire dept? _____ feet to fire hydrant _____
Construction Type: _____
Square Footage upon completion: _____
Number of Stories: _____
Completed Value: _____
Date Construction Began/Begins: _____
Occupancy Upon Completion: _____
Job Site Security (Well light, fenced, guards etc): _____

Is project already under construction? _____
If Yes, when did it begin? _____
Has project been abandoned or delayed? _____

Is this a new construction or renovation/addition? _____
If renovation or addition is coverage required for existing structure? _____
If yes, Actual Cash Value of existing structure? _____

Other Information if Builder /GC is not named insured:

Builder / General Contractor if not named insured: _____
Losses in 5 years? _____

The quote you receive will not include Earthquake Coverage or Flood Coverage.

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