

VACANT/RENOVATION/BUILDERS RISK QUOTE SHEET

File Number: _____

Insured's Name: _____

Location Address: _____

City: _____ **County:** _____ **Zip Code:** _____

City Limits: IN OUT **Protection Class Code:** _____

Fire **EC** **V&MM** **Vacant** **Renovation** **Builders Risk**

Policy Term:

3 Month Fully Earned 6 Month 50% MEP 12 Month 25% MEP

Type of Construction: _____ **Year Built:** _____ **Square Footage:** _____

Type of Roof: _____ **Age of Roof:** _____ **Wiring:** _____ **Heat:** _____ **Plumbing:** _____

Claims: _____

Amount of Coverage: \$ _____ **Liability:** \$ _____

Coverage Rate: _____ **Liability Rate:** _____

Premium break down: \$ _____ x Months _____ = _____ Premium

| | |
|-------------------|-----------|
| Premium: | \$ |
| Policy Fee: | \$ |
| Agency Fee: | \$ |
| Tax & Fee: | \$ |
| Total Prem | \$ |

Windstorm/Hurricane/Hail Deductible: _____ **AOP Deductible:** _____

Notes: _____

Agent Name: _____ **Agent Number:** _____