

MVC Insurance Fax to: 925-937-6578
Course of Construction Quote Request Form

Insured Name _____ Estimated Length of Project: _____

Insured Address _____

Insured City _____ State _____ Zip _____

Type of Construction (Select Any that Apply) Protection Class

Residential (1-12 Single Family Dwellings) 1-8 9-10

Commercial

Masonry Non
Combust & Fire
Resistive

Please select: Frame Joisted Masonry Non-Combust Resistive

Policy Period (Yearly Term Only) Has project started?

From: _____ Yes No

If yes, Date started _____

Percent Completed _____%

Value of all covered property at all locations \$ _____

Property State _____

Property street location _____ Property County _____

Property city _____ State _____ Zip _____

Type of policy One-shot New Construction One-shot Remodel

Is existing structure coverage desired? Yes No

Is the builder's name different than the named insured

Yes Builder's Name: _____ No

Deductible: 500 1000 2500 5000

Is the structure modular? Yes No

Is the location apartments, condominiums, or multi-unit structures? Yes No

Form of Business: Individual Partnership Corporation Other

Any coverage for development/subdivision fences, walls, or signs? Yes No

Does builder/remodeler have at least 2 years experience? Yes No

Business Description

Homebuilder Remodeler Commercial General

*If remodeler, any foundation, structural changes or movement of load bearing walls?

Yes No

Is contractor insuring any other buildings with Zurich within 100 feet of this structure?

Yes No

of structures built/remodeled during the past 12 months? _____

of structures projected to build/remodeled next the past 12 months? _____

Loss Experience for the last three years? Indicate cause of loss for any claim over \$5000.

Do you want Certificate of insurance now?

Mortgage Company: _____

Address: _____

City _____ State _____ Zip _____

Loan# : _____

Is there is sales contract on this structure? Yes No

Type of security to be provided? Yes No

Producer _____ Phone _____ Fax _____