New Business Submission
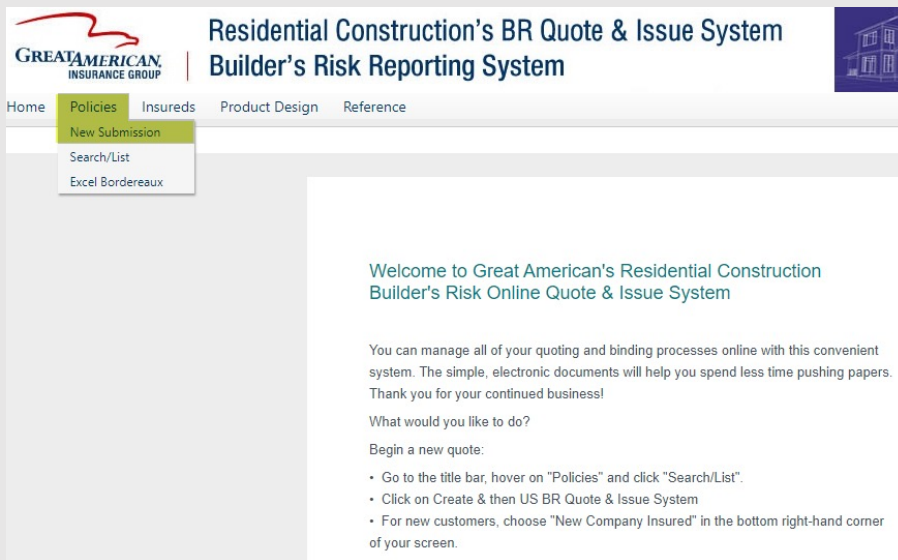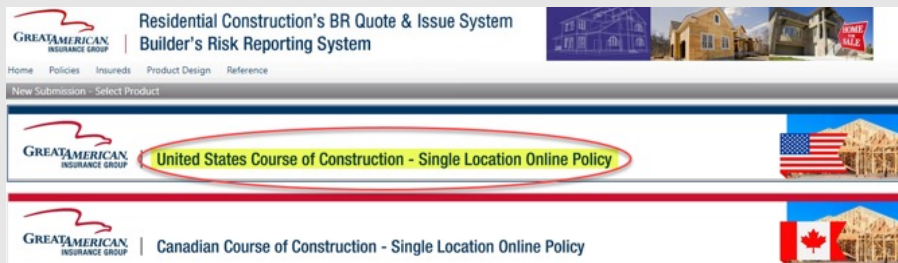
Quick Card

Overview

This quick card will outline how to enter a new Builders Risk submission through the Residential Construction online quote/bind/issue system. Submissions can be entered at GreatBuilderUSA.
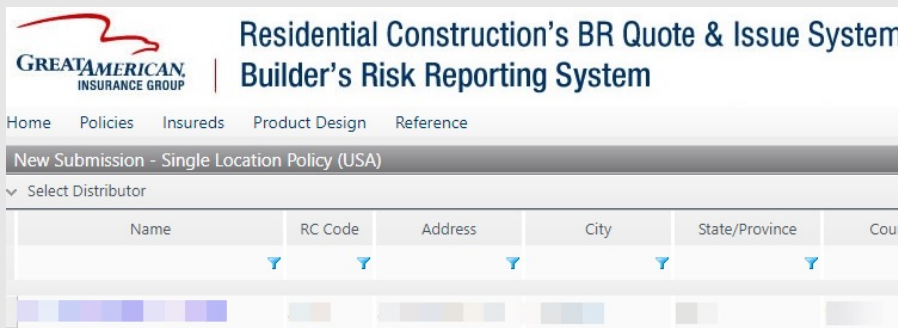
1.) Hover over **Policies** and click on **New Submission.**

2.) Click on **United States Course of Construction – Single Location Online Policy.**

3.) Click on your **Agency Name.**

4.) Enter in Named Insured information.

Residential Construction's BR Quote & Issue System
Builder's Risk Reporting System

GREAT AMERICAN INSURANCE GROUP

Home   Policies   Insureds   Product Design   Reference

New Submission - Single Location Policy (USA)

General Information

Managing Company *	
Company Name *	List Named Insured Here
Code	Leave Blank - System will Autofill

Address

Address	
City	
Country	-- Please Select --
State/Province	-- Please Select --
Zip/Postal Code	

Contact Information

Phone	
Fax	
Website	

Primary Contact

First Name	
Last Name	
E-mail	
Phone	

Select Client   Save & Continue

5.) Select Policy Effective Date. Click Next.

QUOTING INSTRUCTIONS

Producer Code   Distributor Name

INSTRUCTIONS

BEGIN your QUOTE by setting the Policy EFFECTIVE DATE and then clicking NEXT below to set the Policy EXPIRATION DATE on the subsequent screen.

You may choose between the following POLICY TYPES: New, Renovation Including Existing Structure, and Renovation Excluding Existing Structure.

Policy Effective Date *   M/d/yyyy

System will default to a 12 month policy term

Save & Refresh   Next >

6.) Select Policy Type. Click Next.

POLICY INFORMATION

Producer Code   Distributor Name

PLEASE COMPLETE THE FOLLOWING

| Policy Effective Date * | 3/8/2023 | Wednesday, March 08, 2023 |

Policy Expiration Date Default	March 8, 2024
Policy Expiration Date Override	M/d/yyyy
Policy Type *	○ New
	○ Renovation Including Existing
	○ Renovation Excluding Existing

< Previous   Save & Refresh   Next >

7.) Complete the information on the General Contractor. All fields need to be completed in full.

GENERAL CONTRACTOR

Producer Code   Distributor Name

⌄ GENERAL CONTRACTOR INFORMATION

The General Contractor is: *   ● First Named Insured   ○ Additional Insured   ○ Not Named on Policy

How many years experience does the contractor have as a construction manager/supervisor or in business as a builder?   ○ Less than 2 Years   ○ 2-5 Years   ○ 6-10 Years   ○ 11+ Years

⌄ LOSS PREVENTION DETAILS

Loss Prevention

Contact *   [   ]

Telephone Number * ?   [   ]

Year Business Started *   -- Please Select -- ▾

Have you sustained any losses in the past 5 years? *   ○ Yes   ● No

Has the contractor ever filed for bankruptcy or reorganization? *   ○ Yes   ● No

Has coverage ever been declined, cancelled, or non-renewed in the last 3 years? *   ○ Yes   ● No

[< Previous] [Save & Refresh] [Next >]

8.) Enter the risk location – city and state will pull automatically based on zip code.

REVISED SYSTEM WORKFLOW

1. Please enter RISK STREET ADDRESS and ZIP CODE.
2. Click SAVE & REFRESH.
3. System will return the City, State & County.
4. Select the County, Region or Municipality, if presented.
5. Proceed with your submission by clicking NEXT.

⌄ RISK ADDRESS

Risk Street Address *   [   ]

Zip/Postal Code *   [   ]

[< Previous] [Save & Refresh] [Next >]

9.) Complete all risk information fields.

⌄ RISK INFORMATION

Policy Type *   ● New
                 ○ Renovation Including Existing
                 ○ Renovation Excluding Existing

Including Profit? * ?   ● Yes   ○ No

Completed Value (Excludes Lot Cost and/or Profit)($) *   [   ]

Tier 1 Acknowledge Total Wind Exclusion (only if TEXAS) ?   ☐

Protection Class * ?   3

Protection Class from Service   3

Distance to hydrants (If 9, 10, or Unknown is Chosen):   -- Please Select -- ▾

Water Supply Code From Service ?   -

Distance to fire station:

Distance to Fire Station from Service   GREATER THAN 1 TO 2 MILES

⌄ CONSTRUCTION INFORMATION

Product Type   Cornerstone Complete

Construction Project   ○ Residential   ○ Light Commercial

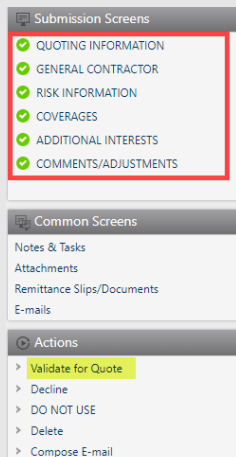Construction Type *   -- Please Select -- ▾

How many units are in this dwelling? *   -- Please Select -- ▾
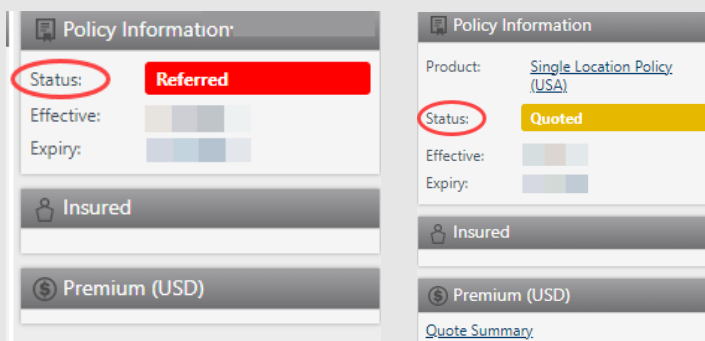
Number of Stories *   -- Please Select -- ▾

[< Previous] [Save & Refresh] [Next >]

10.) Once risk information is entered, click **Next** through the Comments/ Adjustments page. Then click **Validate for Quote.**

Submission Screens
- ✓ QUOTING INFORMATION
- ✓ GENERAL CONTRACTOR
- ✓ RISK INFORMATION
- ✓ COVERAGES
- ✓ ADDITIONAL INTERESTS
- ✓ COMMENTS/ADJUSTMENTS

Common Screens
- Notes & Tasks
- Attachments
- Remittance Slips/Documents
- E-mails

Actions
- Validate for Quote
- Decline
- DO NOT USE
- Delete
- Compose E-mail

11.) Status will show as either Quoted or Referred. If quoted, you will be able to select the deductible and issue the policy.

If referred, your UW will be notified. Please note the estimated turnaround time for UW referrals is 24 hours.

Policy Information

Status: **Referred**
Effective:
Expiry:

Insured

Premium (USD)

Policy Information

Product: Single Location Policy (USA)
Status: **Quoted**
Effective:
Expiry:

Insured

Premium (USD)
Quote Summary

12.) To issue the policy, select the deductible option needed, then click **Select** on the bottom right side of the screen.

Quote Summary

$1000 Deductible - Default Quote Group		Premium		Limits		Deductibles	
○	Builders Risk	2,875.00	1,474,500	Per Occurence ?		1,000	Per Occurence
	Additional Optional Coverage Premium	188.00					
	Total (USD):	$3,063.00					
$2500 Deductible - Default Quote Group		Premium		Limits		Deductibles	
○	Builders Risk	2,728.00	1,474,500	Per Occurence ?		2,500	Per Occurence
	Additional Optional Coverage Premium	188.00					
	Total (USD):	$2,916.00					
$5000 Deductible - Default Quote Group		Premium		Limits		Deductibles	

13.) Premium for the selected deductible will show on the right. Click **Submit to Issue.**

14.) Click on **Remittance Slips/Documents** to retrieve the policy documents.