Builders' Risk Prior Start Supplemental Application

DATE: _____

TO: _____

COMPANY: _____

PHONE: _____

FAX: _____

TO BE COMPLETED ONLY IF THE JOB HAS STARTED

Re: Name: _____

Quote # : _____

Please answer the following quest ions regarding your submission noted above:

1. Original start date of construction or renovation? _____
2. % of project that has been completed? _____

   Value of portion of project that has been completed? _____

   Estimated time needed to complete project? _____

Details of completed portion of project (foundation, framing, etc)

_____

3. Was there coverage in place prior to your request? _____

   If so – what company and dates of cover age? _____

   Why is that coverage not being renewed or being cancelled?

   _____

4. If no prior coverage – why the delay in placing cover age?

   _____

5. Has there been a change in the contractor ? _____

   If so – why? _____

6. Have there been any losses at the project site to date? _____

A signed letter of no losses may be required prior to providing a quote. If a quote is provided a signed statement of no losses will be required for binding.

Please note that we will be unable to determine quote eligibility without this information.