

DATE:

TO:

COMPANY:

PHONE:

FAX: (TO BE COMPLETED ONLY IF THE JOB HAS STARTED)

Re: Name:
Quote #:

BUILDERS RISK - PRIOR CONSTRUCTION OR RENOVATION START QUESTIONNAIRE

Please answer the following questions 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 coverage? _____
Why is that coverage not being renewed or being cancelled? _____
4. If no prior coverage - why the delay in placing coverage? _____
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.

Return to: Builders Risk Underwriter
Britt / Paulk Insurance Agency, Inc.