

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 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.