

DATE:

TO:

COMPANY:

PHONE:

FAX:

Re: Name:  
Quote #:

**BUILDERS RISK - PRIOR CONSTRUCTION OR RENOVATION START QUESTIONNAIRE**

Please answer the following question 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? \_\_\_\_\_  
If no losses - please attached a "No Loss" letter signed by the insured.  
If so - please give details of each loss. \_\_\_\_\_

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