



**Britt/Paulk
Insurance Agency, Inc.**

BUILDER'S RISK – PRIOR START

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 contract or? _____
 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.

BRITT/PAULK Insurance Agency Company

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