

## Builders' Risk Prior Start Supplemental Application

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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.**