



INSURANCE AGENCY, INC.
 PRIMARY / EXCESS AND SURPLUS LINES BROKERS
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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 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?
 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.