



iii of Maryland, Inc.
 10430 Shaker Drive, Suite 200
 Columbia, MD 21046
 800-392-3771; 410-337-9295; 410-730-2156 fax

DATE: 10/20/03

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.