



Builders Risk Plan Monthly Rate Reporting Form

Your Agent Is:

Complete entire form, return with check in the envelope provided

Any structures started but not reported within the time stated in the policy are not covered. All structures in inventory for the month ending must be reported and payment received in the lockbox by _____ in order for coverage to be in effect. When completed and received with payment, this form becomes a part of your policy.

| | | | |
|---|-------------------|----------------------------------|-------------|
| MAKE CHECKS PAYABLE AND MAIL TO: BUILDERS RISK PLAN P.O. BOX 931795 ATLANTA, GA 31193-1795 | STATE CODE: | RATES PER \$100 OF VALUE | |
| | POLICY NUMBER: | PROTECTED | UNPROTECTED |
| | FOR MONTH ENDING: | | |
| | | ADDITIONAL RATES ON REVERSE SIDE | |

PREVIOUSLY REPORTED STARTS – Mark through the location of any structure no longer in inventory. Include appropriate premium for all structures still in inventory. If any structure has already been reported for 36 months and coverage is still needed, please contact your agent. List starts not indicated here in the New start area below. If any start information shown is incorrect, indicate corrections and alter Amount Due area if necessary.

| Start ID | Lot # | Job Site/Street Address of Construction Site and Zip Code | C | Total Estimated Completed Value | Rate | Amount Due |
|----------|-------|---|---|---------------------------------|------|------------|
|----------|-------|---|---|---------------------------------|------|------------|

| | | |
|--|--|---|
| <p>NEW STARTS--(Structures exceeding \$1,500,000 may require prior approval. Contact your agent.) List any starts below begun in _____. If you have NO structures in your inventory (new starts OR previously reported), to report, do not return this reporting form.</p> | <p>Total Estimated Completed Value – The selling price minus the cost of the land. You have the option to exclude your profit.</p> | <p>↓ Include (C) if Commercial, and over \$1,500,00 in value</p> |
|--|--|---|

| Lot # | Job Site/Street Address of Construction Site | Zip Code | C | Total Estimated Completed Value | Rate | Amount Due |
|-------|--|----------|---|---------------------------------|------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

I hereby certify that this represents a true and accurate list of construction inventory and the estimated completed value of such construction for the specific month.

Signed _____

Dated _____

TOTAL AMOUNT DUE
 (COMBINE ALL PREMIUM FOR PREVIOUSLY REPORTED STARTS PLUS NEW STARTS)

\$ _____