



Builders Risk Plan Annual Rate Reporting Form
 Complete entire form, return with check in the envelope provided

Your Agent Is:

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. If payment is received after date above, coverage will be effective on date received.

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	

EXPIRING STARTS – Coverage on previously reported starts listed below is expiring. If any structure has already been reported for three years and coverage is still needed, please contact your agent. If any structure has been reported for two years only and coverage is still desired, include the premium indicated in the “Amount Due” area. Mark through the location for any structure on which you no longer need coverage. 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
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NEW STARTS--(Structures exceeding \$1,500,000 may require prior approval. Contact your agent.)
 List any starts below begun in _____. If you have no starts for this month, and do not need to re-report an expiring start, do not return this reporting form.

Total Estimated Completed Value – The selling price minus the cost of the land. You have the option to exclude your profit.

Include (C) if Commercial, and over \$1,500,00 in value

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 EXPIRING STARTS PLUS NEW STARTS)

\$ _____