

BUILDERS RISK COVERAGE REPORT OF PROJECTS

Policy Number: _____ Effective Date: _____

Insured: _____ Agent: JOHNSON & BRYAN

Reporting Frequency Monthly Quarterly Other (describe)

Reporting Period: From _____ To _____

Reporting Option:

Values At Risk Reporting

Completed Value Reporting

For Company Use

Covered Project(s) (description and location)	Compl. Date	Constr. *	Values	Rate(s)	Earned Premium
Continue on reverse side if needed			Total \$ _____		
*CONSTR: F-Frame; JM-Joisted Masonry; NC-Non-Combustible; MNC-Masonry Non-Combustible; MFR-Modified Fire Resistive; FR-Fire Resistive					

Current Policy Year - Premium Recap

Deposit Premium	Earned Premium Current Period	Prev. Earned Premium	Earned Premium To Date	Excess Due & Payable

Authorized Signature of Insured

Date

Covered Project(s) (description and location)	Compl. Date	Constr. ***	Values	Rate(s)	Earned Premium
*Total \$ _____					
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