



One-Time Report

Total Pages _____

Premium Total _____

- Initial Report
- Supplemental _____

THIS REPORT MUST BE RECEIVED WITHIN 30 DAYS OF LAST BUSINESS DAY OF EACH MONTH.

Policy Number: _____

Producer: _____

Report Month/Year: _____

Insured's Name and Address:

Make checks payable and remit to:

HUB International Mid-America
 6100 S Yale Ave., Ste 1900
 Tulsa OK 74136
 Agent #35-271 1-800-375-8631

Coverage is for 12 months but can be extended an additional 12 months if you submit a Re-Report. FOR PURPOSES OF THIS REPORT, THE BUILDING PROCESS STARTS WHEN COVERED PROPERTY IS FIRST PLACED AT THE CONSTRUCTION PROJECT

Job Site Location		Completed Value	Rate	Re-Report	Premium
Street Address/City	Zip Code				
Total					

NEW CONSTRUCTION RATES PER \$100.00 OF VALUE

Dwelling – Protection Class	
2-8 Inside City	9-10 Outside City
.35	.44

Note: The above rates are for wood frame and brick veneer over wood frame. For all other types of construction, please contact your agent for the rates.

RENOVATION RATES PER \$100.00 OF VALUE

Protection Class			
Excluding Existing Structure		Including Existing Structure	
2-8 Inside City	9-10 Outside City	2-8 Inside City	9-10 Outside City
.45	.59	.67	.88

The undersigned insured, by the above policy number, does hereby certify that the following represents a true and accurate listing of all "construction projects" and the "completed value" of such "construction projects" for the specified month.

A REPORT WITH ACTIVITY MUST BE SUBMITTED EACH MONTH!

Signed: _____

Date: _____

Must be signed by Insured or Authorized Representative