

Project-Specific Application

GENERAL INFORMATION

Named Insured(s):

Mailing Address:

Suite: City: State: Zip Code:

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Project Name:

Project Address:

Suite: City: State: Zip Code:

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Project Start Date:

Project Completion Date:

Has financing been secured? ☐ Yes ☐ No

What is the source of financing?

Name of Audit Contact:

Mailing Address:

Phone Number:

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Name of Audit Contact:

Mailing Address:

Phone Number:

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Name of Audit Contact:

Mailing Address:

Phone Number:

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PROJECT DETAILS

Any construction to involve use of EIFS (Exterior Insulation Finish System)? ☐ Yes ☐ No

Project Description:

Project Details	# of Units	# of Buildings	# of Stories	Construction Type (Wood frame, concrete, etc.)	Building Sq. Ft.
Condos/townhouses:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Apartments:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If other, please describe:

Estimated total field payroll for project term:

Estimated subcontracted costs:

Percentage of work subcontracted out:

Estimated total construction cost for project term:

Estimated total sales prices of all units:

Construction Cost definition: The total cost of all work let or sublet in connection with each specific project including (1) the cost of all labor, materials and equipment furnished, used, or delivered for use in the execution of the work; and (2) all fees, bonuses or commissions made, paid or due.

Describe surrounding exposures including proximity of any adjacent structures:

North

South

East

West

Are there any exposures to hillsides, slopes, landfill, or other potential subsidence areas? ☐ Yes ☐ No

Description:

Was the site previously developed? ☐ Yes ☐ No

Description:

Please be sure to include complete details of any previous site improvements which will be part of the final project.

Will the project involve any demolition of existing structures? ☐ Yes ☐ No

Description:

Describe the type of work to be conducted by your employees:

Description:

PROJECT TEAM – BACKGROUND/EXPERIENCE

Project Sponsor: _____

Name of Sponsor:

Phone Number:

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Mailing Address:

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Suite:

City:

State:

Zip Code:

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Describe past residential construction experience of the sponsor:

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Project Architect: _____

Name of Architect:

Phone Number:

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Mailing Address:

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Suite:

City:

State:

Zip Code:

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Describe architect's past residential experience:

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Project General Contractor: _____

Name of General Contractor:

Phone Number:

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Mailing Address:

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Suite:

City:

State:

Zip Code:

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Describe past residential construction experience of the general contractor (such as the number and types of residential structures built):

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Number of years in business:

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Number of years building residential structures:

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LOSS HISTORY

Attach 5 years of currently valued loss runs with an explanation of any loss incurring more than \$30,000.

Subcontractors:

Indicate type of work performed by percentage of direct employee payroll and subcontracted work:
(All Direct Payroll columns should total 100% and all Sub Work columns should total 100%.)

Type	Direct Payroll % % of Total Payroll	Subbed % of Sub Costs	Type	Direct Payroll % % of Total Payroll	Subbed % of Sub Costs
Asbestos Removal	<input type="text"/>	<input type="text"/>	Masonry	<input type="text"/>	<input type="text"/>
Blasting	<input type="text"/>	<input type="text"/>	Mold Remediation	<input type="text"/>	<input type="text"/>
Carpentry (finish)	<input type="text"/>	<input type="text"/>	Painting (interior)	<input type="text"/>	<input type="text"/>
Concrete	<input type="text"/>	<input type="text"/>	Painting (exterior)	<input type="text"/>	<input type="text"/>
Driveway parking lot, paving, repaving	<input type="text"/>	<input type="text"/>	Paperhanging	<input type="text"/>	<input type="text"/>
Drywall, Wallboard	<input type="text"/>	<input type="text"/>	Plastering	<input type="text"/>	<input type="text"/>
Electrical	<input type="text"/>	<input type="text"/>	Plumbing	<input type="text"/>	<input type="text"/>
Excavation	<input type="text"/>	<input type="text"/>	Roofing	<input type="text"/>	<input type="text"/>
Fence Erection	<input type="text"/>	<input type="text"/>	Sheet Metal (shop)	<input type="text"/>	<input type="text"/>
Floor Installation	<input type="text"/>	<input type="text"/>	Sheet Metal Siding Outside	<input type="text"/>	<input type="text"/>
Gas Hook-ups	<input type="text"/>	<input type="text"/>	Sewer	<input type="text"/>	<input type="text"/>
Grading	<input type="text"/>	<input type="text"/>	Steel (structure)	<input type="text"/>	<input type="text"/>
Insulation	<input type="text"/>	<input type="text"/>	Street Grading	<input type="text"/>	<input type="text"/>
Janitorial	<input type="text"/>	<input type="text"/>	Tree Trimming	<input type="text"/>	<input type="text"/>
Landscape, Gardening	<input type="text"/>	<input type="text"/>	Wrecking, Demolition	<input type="text"/>	<input type="text"/>
Lead Abatement	<input type="text"/>	<input type="text"/>	*Other	<input type="text"/>	<input type="text"/>
				Total %	Total %
				<input type="text"/>	<input type="text"/>

(Each column should equal 100%)

* If you indicated OTHER, please explain type(s) of work performed:

RISK MANAGEMENT

Do you collect certificates from all subcontractors: ☐ Yes ☐ No

If yes, what are the minimum limits required? Occ. \$ _____ Gen. Agg. \$ _____ Prod. Agg. \$ _____

Do you require higher limits on certain subcontractors, such as graders, roofers, and plumbers: ☐ Yes ☐ No

What limits? _____ What type of sub? _____

a. Do you have a standard formal written contract with subcontractors? ☐ Yes ☐ No

b. Do you require all subcontractors to name you as an additional insured ☐ Yes ☐ No

c. Does your contract with subcontractors include a Type I indemnity agreement and a hold harmless favoring you? ☐ Yes ☐ No

d. Do you require Waiver of Subrogation endorsement on CGL and W.C.? ☐ Yes ☐ No

e. How long do you maintain records of the above documents? _____

f. Describe diary system for certificates of insurance from your subcontractors: _____

Pre-Construction Operations:

Are there any known pollution exposures on jobsite? ☐ Yes ☐ No

If yes, describe known pollution exposures on jobsite (include environmental reports): _____

Were there any significant design or material selection decisions made to prevent claims? ☐ Yes ☐ No

If yes, please provide specific details of such decisions? _____

Does the General Contractor have a formal subcontractor pre-qualification program? ☐ Yes ☐ No

If yes, please provide specific details of their program? _____

Quality Control Program:

1. Does Named Insured have a Quality Control Program in effect to monitor all construction activities?

☐ Yes ☐ No

a. If yes, who is responsible for managing the program?

b. Briefly describe the program and/or attach a copy of the program to this questionnaire:

2. Does Named Insured have a written Site Inspection Program?

☐ Yes ☐ No

a. When are the inspections performed? _____

b. Are surprise inspections conducted?

☐ Yes ☐ No

c. Who determines the inspection schedule? _____

d. Who conducts the inspections? _____

e. Briefly describe the established criteria for required follow up: _____

3. Does Named Insured have any Independent Inspections/Assessments performed?

☐ Yes ☐ No

a. If yes, who is providing this service? _____

b. Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire:

c. What percentage of units are to be inspected and how often? _____

Safety Program:

1. Does the Named Insured have written safety program?

☐ Yes ☐ No

a. If yes, who is designated as the safety manager on site? _____

Is this person on site full time? ☐ Yes ☐ No

b. Does the program require that there be scaffolding and fall protection?

☐ Yes ☐ No

What height requirement is maintained? _____

c. Does the safety program specifically address

Site Security? ☐ Yes ☐ No ☐ Not Applicable

Attractive Nuisance? ☐ Yes ☐ No ☐ Not Applicable

Power Lines? ☐ Yes ☐ No ☐ Not Applicable

Traffic Control? ☐ Yes ☐ No ☐ Not Applicable

Utility Identification? ☐ Yes ☐ No ☐ Not Applicable

2. Are customers and future customers or other third parties allowed on site? ☐ Yes ☐ No

a. If yes, what precautions are taken to protect third party visitors? _____

Post Construction Operations:

1. Does Named Insured have a written procedure for conducting final inspections for each dwelling at completion? ☐ Yes ☐ No

a. If yes, who conducts these inspections? _____

b. Are these final inspections documented? ☐ Yes ☐ No

c. How long is documentation maintained? _____

2. Does Named Insured conduct walk through inspections with the buyers? ☐ Yes ☐ No

a. If yes, who conducts these inspections? _____

b. Is a checklist used? ☐ Yes ☐ No

c. How long is documentation maintained? _____

3. Will the Named Insured provide a Homeowners Manual to each buyer? ☐ Yes ☐ No

SB-800 (California Insureds Only)

How are you in compliance with SB-800 in the following areas:

Subcontractor's agreement/contracts: _____

Customer Services: _____

Sales Agreements: _____

Claims Handling: _____

ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE

- ☐ Site Map
- ☐ Soil/Geotechnical Report (must be less than one year old)
- ☐ Construction Budget
- ☐ Subcontractors Agreement

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

Applicable in NY

Any person who knowingly and with intent to defraud any insurance company files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

SIGNATURES

Signature of **Applicant**

Date:

Name:

Title:

Signature of **Producing Agent**

Date:

Name:

Title:

Fraud Warning:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that at the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy. (Policyholders located in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, OH, OK, OR, PA, RI, TN, VA, WA, and WV must read the fraud language applicable to their state.

Applicable in AL, AR, LA, MD, NM, RI and WV

Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD only

Applicable in CA

For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in CO

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in DC

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in FL

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree).

Applicable in KS

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

Applicable in KY, OH and PA

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Applicable in ME, TN, VA and WA

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.

Applicable in NJ

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in OK

WARNING: Any person who knowingly, and with intent to injure, defraud, or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in OR

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

Applicable in VT

Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and may be subject to penalties under state law.