

PROJECT SPECIFIC / WRAP-UP APPLICATION FOR INSURANCE

I. GENERAL INFORMATION

Project ☐ Wrap ☐ (check one)

Named Insured(s): _____

Mailing Address: _____

Project Name: _____

Project Address: _____

Project Start Date: _____ Project Completion Date: _____

Has Financing Been Secured? ☐ Yes ☐ No

If Yes, What Is The Source Of Financing? _____

Name of Audit Contact: _____

Mailing Address and Telephone Number: _____

Name of Loss Control Contact: _____

Mailing Address and Telephone Number: _____

Name of Admin. Contact: _____

Mailing Address and Telephone Number: _____

II. 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.)
Single Family Dwellings				
Townhouses				
Condominiums				
Apartments				
Other				
If Other, Please Describe: _____				
Estimated Total Field Payroll (for ALL Contractors)				\$
Estimated Total Construction Cost for Project Term				\$
Estimated Total Sale Prices for 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	<hr/> <hr/>
South	<hr/> <hr/>
East	<hr/> <hr/>
West	<hr/> <hr/>

Is there any exposure 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 party of the final project:

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

Description:

III. PROJECT TEAM – BACKGROUND/EXPERIENCE

A. Project Sponsor

Name of sponsor, contact-person, mailing address and telephone number:

Describe past residential construction experience of the sponsor:

B. Project Architect

Name of architect, contact-person, mailing address and telephone number:

Describe architect's past residential experience:

C. Project General Contractor

Name of general contractor, contact-person, mailing address and telephone number:

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

General Contractor – number of years in business:

General Contractor – number of years building residential structures:

For the General Contractor, provide 5 years of loss history (attach currently valued company's loss runs):

Current Year	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
1st Prior Year					
2nd Prior Year					
3rd Prior Year					
4th Prior Year					
5th Prior Year					
				Total	\$

(Note: Incurred Losses = Expense – Paid – Reserved. "See attached loss runs")

Large Losses: (Each Loss \$20,000 and Greater)

Policy Year	Date of Loss	Total Incurred	Open/Closed	Description of Loss

(Note: "See attached loss runs")

IV. RISK MANAGEMENT

A. 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.

B. Quality Control Program

- Does the Named Insured have a Quality Control Program in effect to monitor all construction activities? ☐ Yes ☐ No
 - Who is responsible for managing the program?

 - Briefly describe the program and/or attach a copy of the program to this application.

- Does the Named Insured have a written Site Inspection Program? ☐ Yes ☐ No
If yes:
 - When are the inspections performed? _____
 - Are surprise inspections conducted? ☐ Yes ☐ No
 - Who determines the inspection schedule? _____
 - Who conducts the inspections? _____
 - Briefly describe the established criteria for the required follow-up.

- f) Does the Named Insured have a written procedure requiring videos and/or photos to be taken during construction? ☐ Yes ☐ No
If yes, provide detail: _____

C. Safety Program

1. Does the Named Insured have a written safety program? ☐ Yes ☐ No
If yes:
a) Who is designated as the safety manager on site? _____
(1) Is this person on site full time? ☐ Yes ☐ No
b) Does the program require that there be scaffolding and fall protection? ☐ Yes ☐ No
(1) What height requirement is maintained? _____
c) Does the safety program specifically address:
(1) Site Security ☐ Yes ☐ No ☐ Not Applicable
(2) Attractive Nuisance ☐ Yes ☐ No ☐ Not Applicable
(3) Power Lines ☐ Yes ☐ No ☐ Not Applicable
(4) Traffic Control ☐ Yes ☐ No ☐ Not Applicable
(5) Utility Identification ☐ Yes ☐ No ☐ Not Applicable
2. Are customers and future customers or other third parties allowed on site? ☐ Yes ☐ No
If yes, what precautions are taken to protect third party visitors?

D. Post Construction Operations

1. Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion? ☐ Yes ☐ No
If yes:
a) Who conducts these inspections? _____
b) Are these final inspections documented? ☐ Yes ☐ No
c) How long is documentation maintained? _____
2. Does the Named Insured conduct walk-through inspections with the buyers? ☐ Yes ☐ No
If yes:
a) Who conducts these inspections? _____
b) Is a check list used: ☐ Yes ☐ No
c) How long is documentation maintained? _____
3. Will the Named Insured provide a Homeowners Manual to each buyer? ☐ Yes ☐ No

E. Home Warranty Program

1. Will the Named Insured have a formal customer service department? ☐ Yes ☐ No
If yes:
a) How many years will you have a full time customer service department? _____
b) Who is responsible for customer service? _____
(1) Is this person on site full time? ☐ Yes ☐ No
c) Does the Named Insured solicit and obtain homeowner surveys? ☐ Yes ☐ No
If yes:
Briefly describe how survey information is maintained and used.

2. Will the Named Insured provide each buyer with a Home Warranty? ☐ Yes ☐ No
If yes, will the Home Warranty be insured by a third party? ☐ Yes ☐ No
If yes:
a) Who is the insurer? _____
b) What is the duration of these policies? _____
c) Are these policies renewable by the dwelling owner? ☐ Yes ☐ No

3. Describe how warranty work will be addressed following completion of the project.

a) Who will do the warranty repairs? _____

b) Will there be a database monitoring system for the warranty program?
If yes, briefly describe the system.

☐ Yes ☐ No

V. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS APPLICATION

1. Site Map
2. Soil Geotechnical Report (must be less than one year old)
3. construction Budget
4. A copy of the General Contractor's most current audited (if available) financial statement
5. A copy of the General Contractor's standard subcontract agreement to be used for this project
6. Attach a copy of Home Warranty Policy.

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 ISURANCE 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

*** ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

PRODUCER INFORMATION:

Producer Name (Printed)

Producer Signature*

Agency Name

Agency Code

License Number

*** ELECTRONIC SIGNATURE AND ACCEPTANCE** ☐

* You can apply your signature to this form electronically by checking the Electronic Signature And Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.

(08/2022)