



PROJECT SPECIFIC INSURANCE COVERAGE APPLICATION

GENERAL INFORMATION

Named Insured(s):	
Mailing address:	
Project name:	
Project address:	
Project start date:	
Project completion date:	
Project owner:	
General/prime contractor:	
Name of loss control contact, mailing address, and phone number:	

PROJECT DETAILS

Project description:				
Habitational project details:	# of units	# of buildings	# of stories	Construction type (wood frame, concrete, etc.)
Single family dwellings:				
Apartments:				
Other:				
If other, please describe:				
Any construction to involve use of EIFS (Exterior Insulation Finish System)?				Yes No



Estimated total field payroll for project term:	\$
Estimated subcontracted costs:	\$
Percentage of work subcontracted out:	\$
Estimated total construction cost for project term:	\$
Estimated total sale prices for all units: (if applicable)	\$
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:	



INSURANCE

Coverage required		Limits		Deductible/Retention	
General Liability:					
Contractors Pollution Liability:					
Additional Insureds:					
Extended Coverages:		Primary/Non-Contributory		Waiver	
(Please provide information to meet requirements)				Notice of Cancellation	
Completed Operations Extended Discovery:		Years		Not required	
Loss History (please provide 5 years of loss history and attach currently valued company's loss runs)					
	Coverage CGL/CPL	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					
4 th Prior Year					
TOTALS:					\$
(Note: Incurred Losses = Expense + Paid + Reserved)					
Check here if no losses:				CGL:	CPL:
Large Losses (each loss \$10,000 and greater)					
Policy Year	Date of Loss	Total Incurred	Open/ Closed	Description of Loss	
		\$			
		\$			
		\$			
		\$			
		\$			



		\$		
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SUBCONTRACTORS

List the trades of subcontractors you use and give the percentage of work they perform (must total 100%)

	%		%
	%		%
	%		%
	%		%
	%		%
	%		%

Do you collect certificates from all subcontractors? Yes No

If Yes, what are the minimum limits required?

CGL:	Occ. \$	Gen. Agg. \$	Prog. Agg. \$
CPL:	Occ. \$	Agg. \$	

- Do you have a standard formal written contract with subcontractors? Yes No
- Do you require all subcontractors to name you as an additional insured? Yes No
- Does your contract with subcontractors include an indemnity agreement and a hold harmless favoring you? Yes No
- Do you require Waiver of Subrogation endorsement on CGL, CPL and W.C.? Yes No
- How long do you maintain records of the above documents?
- Describe diary system for certificates of insurance from your subcontractors:



RISK MANAGEMENT

Pre-construction Operations:

- | | | |
|--|-----|----|
| 1. Are there any known pollution exposures on jobsite? | Yes | No |
| If Yes, describe known pollution exposures on jobsite (include environmental reports): | | |
| 2. Were there any significant design or material selection decisions made to prevent claims? | Yes | No |
| If Yes, please provide specific details of such decisions: | | |
| 3. Does the General Contractor have a formal subcontractor pre-qualification program? | Yes | No |
| If Yes, please provide specific details of specific details of their program: | | |

Quality Control Program

- | | | |
|--|-----|----|
| 1. Does the Named Insured have a Quality Control Program in effect to monitor all construction activities? | Yes | No |
| If Yes: Who is responsible for managing the program:
Briefly describe the program and/or attach a copy of the program to this questionnaire. | | |
| 2. Does the Named Insured have a written Site Inspection Program? | Yes | No |
| <ul style="list-style-type: none">▪ When are the inspections performed:▪ Are surprise inspections conducted?
▪ Who determines the inspection schedule:▪ Who conducts the inspections?▪ Briefly describe the established criteria for required follow-up: | | |



3. Does the Named Insured have any Independent Inspections/ Assessments performed?	Yes	No	
<ul style="list-style-type: none"> ▪ Who is providing the service? ▪ Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire: ▪ What percentage of units are to be inspected and how often: 			
Safety Program			
1. Does the Named Insured have a written safety program?	Yes	No	
<ul style="list-style-type: none"> ▪ Who is designated as the safety manager onsite? 			
<ul style="list-style-type: none"> ▪ Is this person onsite full-time? 	Yes	No	
<ul style="list-style-type: none"> ▪ Does the program require that there be scaffolding and fall protection? 	Yes	No	
<ul style="list-style-type: none"> ▪ What height requirement is maintained? 			
<ul style="list-style-type: none"> ▪ Does the safety program specifically address: 			
<ul style="list-style-type: none"> ▪ Site security? 	Not applicable	Yes	No
<ul style="list-style-type: none"> ▪ Attractive nuisance? 	Not applicable	Yes	No
<ul style="list-style-type: none"> ▪ Power lines? 	Not applicable	Yes	No
<ul style="list-style-type: none"> ▪ Traffic control? 	Not applicable	Yes	No
<ul style="list-style-type: none"> ▪ Utility identification? 	Not applicable	Yes	No
2. Are customers and future customers or third parties allowed onsite?	Yes	No	
<ul style="list-style-type: none"> ▪ What precautions are taken to protect third party visitors? 			
Post-construction Operations			
1. Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?	Yes	No	
<ul style="list-style-type: none"> ▪ Who conducts these inspections? 			



▪ Are these final inspections documented?	Yes	No
▪ How long is documentation maintained?		
2. Does the Named Insured conduct walk through inspections with the buyers?	Yes	No
▪ Who conducts these inspections?		
▪ Is a checklist used?	Yes	No
▪ How long is documentation maintained?		
3. Will the Named Insured provide a Homeowner’s Manual to each buyer?	Yes	No

ADDITIONAL INFORMATION

The following must accompany this questionnaire:

1. Site Map
2. Soil/Geotechnical Report (if available)
3. Construction Budget
4. Subcontractors Agreement

FRAUD WARNING

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied.)

IN FLORIDA, 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN WASHINGTON, IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

IN THE DISTRICT OF COLUMBIA, 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.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE ENQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.



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.

Name of Applicant

Title

Signature of Applicant

Date