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## General Information:

First Named Insured:

Policy Mailing Address:

Project Name and Address:

Project Owner:

General Contractor:

Project Start Date:

Project Completion Date:

Name and Phone of Loss Control Contact:

## Project Details:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | # of Units | # of Buildings | # of Stories | Construction Type |
| **Single Family Dwellings:** |       |       |       |       |
| **Townhomes:** |       |       |       |       |
| **Condominiums:** |       |       |       |       |
| **Apartments:** |       |       |       |       |
| **Other:** |       |       |       |       |
| If other, please provide description:        |
| 1. What is the estimated total construction cost for the project? $
2. What is the estimated total payroll for the project? $
3. What is the estimated total gross revenue for the project? $
4. What is the source of financing for the project?
5. Will the wrap-up cover any demolition or site prep work? [ ]  Yes [ ]  No
6. If yes, please describe:
7. Will any subcontractors not be enrolled in the wrap-up project? [ ]  Yes [ ]  No
8. If yes, please describe:
9. Will the crane operator or hoist be enrolled in the wrap-up? [ ]  Yes [ ]  No
10. If no, please state liability limit required of crane and hoist operators:
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## Experience of Project Owner and General Contractor:

1. State the years in business and describe the expertise of the Project Owner:
2. State the years in business and describe the expertise of the General Contractor:

## Pre-Construction:

1. Are there any known pollution exposures on the project site? [ ]  Yes [ ]  No
2. Will a Contractors Pollution policy be purchased for the project duration? [ ]  Yes [ ]  No
3. Please provide the name of the lead architecture firm and lead engineering firm providing design work:
4. Will an owner purchased OPPI policy or an A&E policy specific to the project be purchased? [ ]  Yes [ ]  No
5. Does the General Contractor have subcontractor default coverage applicable to this project [ ]  Yes [ ]  No
6. Please provide name of the geotechnical firm providing consulting services for the project:
7. Will the same geotechnical consultant be retained to witness foundation construction? [ ]  Yes [ ]  No
8. If lots were previously graded, do you have geotechnical certification documents? [ ]  Yes [ ]  No
9. Will a Builder’s Risk policy be purchased for the project? [ ]  Yes [ ]  No a. Who is the purchaser?

## Safety Program:

1. Who is the designated safety manager for the project?       On site full time? [ ]  Yes [ ]  No
2. Will the controlling party have access control for visitors to the project site? [ ]  Yes [ ]  No
3. Will the General Contractor have a safety incentive program applicable to this project? [ ]  Yes [ ]  No
4. Please describe in detail the proposed perimeter security and access control for this site:

## Vehicular Exposures:

1. Will vehicles be permitted to drive within the boundary of the Designated Project Site? [ ]  Yes [ ]  No
2. What is the minimum Auto Liability Limit required from any entity driving onto the Designated Project Site?
3. Please describe in detail the traffic control procedures for the site:

## Quality Control:

1. Who is responsible for managing the quality control program?
2. Will the developer or general contractor take videos and/or photos of the project? [ ]  Yes [ ]  No

Will the Named Insured conduct final inspections for each dwelling at completion? [ ]  Yes [ ]  No

* 1. How these final inspections documented?
	2. How long is documentation maintained?       years
1. Will the Named Insured conduct walk through inspections with the buyers? [ ]  Yes [ ]  No
2. Name the third party quality assurance vendors the insured has worked with in the past?

## Home Warranty:

1. Will Home Warranties be provided to unit owners? [ ]  Yes [ ]  No
2. Will home warranties be offered through a third party or self-administered?
3. Describe the warranty (years and coverage type).
4. Who will perform warranty repairs?
5. Will warranty histories, claims and loss records be maintained? [ ]  Yes [ ]  No By whom?
6. Will the Named Insured provide Homeowner Manuals to the buyers? [ ]  Yes [ ]  No
7. Will the Named Insured conduct homeowner surveys? [ ]  Yes [ ]  No If so, how long retained?

## Information Required as Part of This Application:

1. Site Map
2. Geotechnical Report (must be less than 5 years old)
3. Phase I Environmental Assessment (must be less than 3 years old)
4. Detailed Construction Budget
5. General Contractor’s Safety Program
6. General Contractor’s Quality Control Program
7. Proposed Home Warranty
8. For Developer and for General Contractor, please attach a list of all projects completed in the past 6 years.
9. Developer loss history and historical exposure for past 10 years, either in form of annual renewable policy loss history or project specific loss history matching projects listed in 8. above.
	1. Include description of losses greater than $250,000
10. General Contractor loss history and historical exposure for past 10 years, either in form of annual renewable policy loss history or project specific loss history matching projects listed in 8. above.
	1. Include description of losses greater than $250,000

## Signature

Applicable in AL, AR, DC, 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 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 FL and OK: 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)\*. \*Applies in FL Only.

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 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, NY, 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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

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 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 PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY 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.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Applicant: |  | Date: |  |
| Name and Title: |  |
| Signature of Producer: |  | Date: |  |
| Name and Title: |  |