

## PROJECT SPECIFIC APPLICATION

### APPLICANT'S INFORMATION

Applicant's Name:

Address:

City:

Email:

State:

Phone:

Zip:

### SECTION I – GENERAL INFORMATION

1. Project Name:

2. Project Address:

City:

State:

Zip:

3. Project Start Date:

Project Completion Date:

4. Has financing been secured?

Yes

No

5. What is the source of financing?

6. Name of Audit Contact:

Address:

City:

Email:

State:

Phone:

Zip:

7. Name of Loss Control Contact:

Address:

City:

Email:

State:

Phone:

Zip:

8. Name of Administrative Contact:

Address:

City:

Email:

State:

Phone:

Zip:

### SECTION II – PROJECT DETAILS

1. Any construction to involve use of EIFS (Exterior Insulation Finish System)?

Yes

No

2. Project description:

3.

Project Details	# of Units	# of Buildings	# of Stories	Construction Type (wood frame, concrete, etc.)
Single Family Dwellings				
Apartments				
Other (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 sale prices for all units	\$			

Construction Cost definition: The total cost of all work let or sublet in co 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.

4. Describe surrounding exposures including proximity of any adjacent structures.  
 North:  
 South:  
 East:  
 West:
5. Are there any exposure to hillsides, slopes, landfill, or other potential subsidence areas?  
 If yes, please describe. Yes      No
6. Was the site previously developed?  
 If yes, please describe: (Please be sure to include complete details of any previous site improvements which will be part of the final project) Yes      No
7. Will the project involve any demolition of existing structures?  
 If yes, please describe. Yes      No
8. Describe the type of work to be conducted by the Applicant's employees.

**SECTION III – PROJECT TEAM - BACKGROUND/ EXPERIENCE**

1. Project Sponsor
- a. Name of sponsor:  
 Contact person:  
 Mailing address:  
 Phone number:  
 Email:
- b. Describe sponsor's past residential construction experience.
2. Project Architect
- a. Name of architect:  
 Contact person:  
 Mailing address:  
 Phone number:  
 Email:
- b. Describe architect's past residential construction experience.
3. Project General Contractor:
- a. Name of general contractor:  
 Contact person:  
 Mailing address:  
 Phone number:  
 Email:
- b. Describe past residential construction experience of the general contractor (such as the number and types of residential structures built).
- c. General contractor's number of years in business:
- d. General contractor's number of years building residential structures:

e. For the general contractor provide 5 years of loss history (Attach currently valued company's loss runs)

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

Note: Incurred Losses = Expense + Paid + Reserved. "See attached loss runs" - **NOT ACCEPTABLE**

Large Losses: (Each loss \$20,000 and greater)

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

"See attached loss runs" - **NOT ACCEPTABLE**

4. Subcontractors

List the trades of the subcontractors the Applicant uses and give the percentage of work they perform (**Must total 100%**)

Trade	%	Trade	%	Trade	%
	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%
	%		%		%

5. Does the Applicant collect certificates from all subcontractors? Yes No  
 If yes, what are the minimum limits required?  
 Occurrence \$ General Aggregate \$ Prod. Aggregate \$
6. Does the Applicant require higher limits on certain subcontractors, such as graders, roofers, and plumbers? Yes No  
 a. What limits? What type of subs?  
 b. Does the Applicant have a standard formal written contract with subcontractors? Yes No  
 c. Does the Applicant require all subcontractors to name the Applicant as an additional insured? Yes No  
 d. Does the Applicant's contract with subcontractors include a Type I indemnity agreement and a hold harmless favoring the Applicant? Yes No  
 e. Does the Applicant require a Waiver of Subrogation endorsement on CGL and Workers Comp.? Yes No  
 f. How long does the Applicant maintain records of the above documents?  
 g. Describe diary system for certificates of insurance from your subcontractors.

**SECTION IV – RISK MANAGEMENT**

1. **Pre-Construction Operations**

- a. Are there any known Pollution exposures on jobsite? Yes No  
 If yes, describe known Pollution exposures on jobsite (Include environmental reports).
- b. Were there any significant design or material selection decisions made to prevent claims? Yes No  
 If yes, please provide specific details of such decisions.

c.	Does the General Contractor have a formal subcontractor pre-qualification program? If yes, please provide specific details of their program.	Yes	No
<b>2. Quality Control Program</b>			
a.	Does the Applicant have a quality control program in effect to monitor all construction activities? If yes:	Yes	No
i.	Who is responsible for managing the program?		
ii.	Briefly describe the program and/ or attach a copy of the program to this questionnaire.		
b.	Does the Applicant have a written Site Inspection Program? If yes:	Yes	No
i.	When are the inspections performed?		
ii.	Are surprise inspections conducted?	Yes	No
iii.	Who determines the inspection schedule?		
iv.	Who conducts the inspection?		
v.	Briefly describe the established criteria for required follow-up:		
c.	Does the Applicant have any Independent Inspections/ Assessments performed? If yes:	Yes	No
a.	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? %		
<b>3. Safety Program</b>			
a.	Does the Applicant have a written safety program? If yes:	Yes	No
i.	Who is designated as the safety manager on site? Is this person on site full time?	Yes	No
ii.	Does the program require that there be scaffolding and fall protection? What height requirement is maintained:	Yes	No
iii.	Does the safety program specifically address:		
	Site security?	N/A	Yes
	Attractive nuisance?	N/A	Yes
	Power lines?	N/A	Yes
	Traffic control?	N/A	Yes
	Utility identification?	N/A	Yes
b.	Are customers and future customers or other third parties allowed on site? If yes:	Yes	No
i.	What precautions are taken to protect third party visitors?		
<b>4. Post Construction Operations</b>			
a.	Does the Applicant have a written procedure for conducting final inspections for each dwelling at completion? If yes:	Yes	No
i.	Who conducts these inspections?		
ii.	Are these final inspections documented?	Yes	No
iii.	How long is documentation maintained?		
b.	Does the Applicant conduct walk through inspections with the buyers? If yes:	Yes	No
i.	Who conducts the inspections?		

- |  |     |    |
|--|-----|----|
| ii. Is a checklist used?   | Yes | No |
| iii. How long is documentation maintained?                       |     |    |
| c. Will the Applicant provide a homeowners manual to each buyer? | Yes | No |
5. **SB-800 (California Insureds Only)**
- a. How is the Applicant in compliance with SB-800 in the following areas:
- i. Subcontractor's agreement/ contracts:
  
  - ii. Customer Service:
  
  - iii. Sales Agreements:
  
  - iv. Claims Handling:

<b>SECTION V – ADDITIONAL INFORMATION</b>
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The following information must accompany this questionnaire

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

## FRAUD STATEMENT AND SIGNATURE SECTIONS

The Undersigned states that they/ them are an authorized representative of the Applicant and declares to the best of their knowledge and belief and after reasonable inquiry, that the statements set forth in this Application (and any attachments submitted with this Application) are true and complete and may be relied upon by Company \* in quoting and issuing the policy. If any of the information in this Application changes prior to the effective date of the policy, the Applicant will notify the Company of such changes and the Company may modify or withdraw the quote or binder.

The signing of this Application does not bind the Company to offer, or the Applicant to purchase the policy.

\*Company refers collectively to Philadelphia Indemnity Insurance Company and Tokio Marine Specialty Insurance Company

**VIRGINIA APPLICANT: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.**

### FRAUD NOTICE STATEMENTS

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 THAT PERSON TO CRIMINAL AND CIVIL PENALTIES (IN OREGON, THE AFOREMENTIONED ACTIONS MAY CONSTITUTE A FRAUDULENT INSURANCE ACT WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO PENALTIES). **(NOT APPLICABLE IN AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NY, OH, OK, PA, RI, TN, VA, VT, WA AND WV).**

**APPLICABLE IN AL, AR, LA, MD, RI AND WV:** ANY PERSON WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY (OR WILLFULLY IN MD) PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND/OR CONFINEMENT IN PRISON (IN ALABAMA, MAYBE SUBJECT TO RESTITUTION FINES OR CONFINEMENT IN PRISON, OR ANY COMBINATION THEREOF).

**APPLICABLE IN CALIFORNIA:** 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 A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

**APPLICABLE IN COLORADO:** 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 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. IN ADDITION, AN INSURER MAY DENY INSURANCE BENEFITS IF FALSE INFORMATION MATERIALLY RELATED TO A CLAIM WAS PROVIDED BY THE APPLICANT.

**APPLICABLE 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.

**APPLICABLE IN KANSAS:** AN ACT COMMITTED BY 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.

**APPLICABLE IN KENTUCKY:** ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSONS FILES AN APPLICATION FOR INSURANCE 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.

**APPLICABLE IN MAINE:** 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 OR A DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN NEW JERSEY:** 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 NEW MEXICO:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

**APPLICABLE IN OHIO:** ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

**APPLICABLE IN OKLAHOMA:** 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 PENNSYLVANIA:** 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 TENNESSEE, VIRGINIA AND WASHINGTON:** IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

**APPLICABLE IN VERMONT:** ANY PERSON WHO KNOWINGLY PRESENTS A FALSE STATEMENT IN AN APPLICATION FOR INSURANCE MAY BE GUILTY OF A CRIMINAL OFFENSE AND SUBJECT TO PENALTIES UNDER STATE LAW.

**APPLICABLE IN NEW YORK:** 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 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. THIS APPLIES TO AUTO INSURANCE.

NAME (PLEASE PRINT/TYPE)

TITLE

(MUST BE SIGNED BY THE PRESIDENT, BOARD CHAIR, CEO OR EXECUTIVE DIRECTOR)

\_\_\_\_\_  
SIGNATURE

DATE

**SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT**

PRODUCER

AGENCY

(If this is a Florida Risk, Producer means Florida Licensing Agent)

ADDRESS (STREET, CITY, STATE, ZIP)

**Resident or Non-Resident Surplus Lines Licensee Information by Applicant's State of Domicile**

SL LICENSE STATE

SL LICENSE NO.

**NOTICE**

1. THE INSURANCE POLICY THAT YOU ARE APPLYING TO PURCHASE IS BEING ISSUED BY AN INSURER THAT IS NOT LICENSED BY THE STATE OF CALIFORNIA. THESE COMPANIES ARE CALLED "NONADMITTED" OR "SURPLUS LINE" INSURERS.
2. THE INSURER IS NOT SUBJECT TO THE FINANCIAL SOLVENCY REGULATION AND ENFORCEMENT THAT APPLY TO CALIFORNIA LICENSED INSURERS.
3. THE INSURER DOES NOT PARTICIPATE IN ANY OF THE INSURANCE GUARANTEE FUNDS CREATED BY CALIFORNIA LAW. THEREFORE, THESE FUNDS WILL NOT PAY YOUR CLAIMS OR PROTECT YOUR ASSETS IF THE INSURER BECOMES INSOLVENT AND IS UNABLE TO MAKE PAYMENTS AS PROMISED.
4. CALIFORNIA MAINTAINS A LIST OF ELIGIBLE SURPLUS LINE INSURERS APPROVED BY THE INSURANCE COMMISSIONER. ASK YOUR AGENT OR BROKER IF THE INSURER IS ON THAT LIST, OR VIEW THAT LIST AT THE INTERNET WEB SITE OF THE CALIFORNIA DEPARTMENT OF INSURANCE: [www.insurance.ca.gov](http://www.insurance.ca.gov).
5. FOR ADDITIONAL INFORMATION ABOUT THE INSURER YOU SHOULD ASK QUESTIONS OF YOUR INSURANCE AGENT, BROKER, OR "SURPLUS LINE" BROKER OR CONTACT THE CALIFORNIA DEPARTMENT OF INSURANCE, AT THE FOLLOWING TOLL-FREE TELEPHONE NUMBER: 1-800-927-4357.
6. IF YOU, AS THE APPLICANT, REQUIRED THAT THE INSURANCE POLICY YOU HAVE PURCHASED BE BOUND IMMEDIATELY, EITHER BECAUSE EXISTING COVERAGE WAS GOING TO LAPSE WITHIN TWO BUSINESS DAYS OR BECAUSE YOU WERE REQUIRED TO HAVE COVERAGE WITHIN TWO BUSINESS DAYS, AND YOU DID NOT RECEIVE THIS DISCLOSURE FORM AND A REQUEST FOR YOUR SIGNATURE UNTIL AFTER COVERAGE BECAME EFFECTIVE, YOU HAVE THE RIGHT TO CANCEL THIS POLICY WITHIN FIVE DAYS OF RECEIVING THIS DISCLOSURE. IF YOU CANCEL COVERAGE, THE PREMIUM WILL BE PRORATED AND ANY BROKER'S FEE CHARGED FOR THIS INSURANCE WILL BE RETURNED TO YOU.

**INSURED:** \_\_\_\_\_

**DATE:**