

PROJECT SPECIFIC APPLICATION

APPLICANT'S INFORMATION

Applicant's Name:
 Address:
 City: State: Zip:
 Email: Phone:

SECTION I – GENERAL INFORMATION

- Project Name:
- Project Address:
 City: State: Zip:
 Project Start Date: Project Completion Date:
- Has financing been secured? Yes No
- What is the source of financing?
- Name of Audit Contact:
 Address:
 City: State: Zip:
 Email: Phone:
- Name of Loss Control Contact:
 Address:
 City: State: Zip:
 Email: Phone:
- Name of Administrative Contact:
 Address:
 City: State: Zip:
 Email: Phone:

SECTION 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				
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 st Prior Year					\$
2 nd Prior Year					\$
3 rd Prior Year					\$
4 th Prior Year					\$
5 th 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
2. Quality Control Program			
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? %		
3. Safety Program			
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?		
4. Post Construction Operations			
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?		

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|--|-----|----|
| 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:

SECTION V – ADDITIONAL INFORMATION

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 he/she is an authorized representative of the Applicant and declares to the best of his/her 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 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). (IN NEW YORK, THE CIVIL PENALTY IS NOT TO EXCEED FIVE THOUSAND DOLLARS (\$5,000) AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION). **(NOT APPLICABLE IN AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PA, RI, TN, VA, WA AND WV).**

APPLICABLE IN AL, AR, AZ, DC, LA, MD, NM, 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 OR CONFINEMENT IN 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 FLORIDA AND OKLAHOMA: 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 (IN FL, A PERSON 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 MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

APPLICABLE IN MAINE, 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 MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

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 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 BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATE VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

NAME (PLEASE PRINT/TYPE)

TITLE
(MUST BE SIGNED BY THE PRESIDENT, CHAIRMAN, CEO OR EXECUTIVE DIRECTOR)

SIGNATURE

DATE

SECTION TO BE COMPLETED BY THE PRODUCER/BROKER/AGENT

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

AGENCY

PRODUCER LICENSE NUMBER
(If this a Florida Risk, Producer means Florida Licensed Agent)

ADDRESS (STREET, CITY, STATE, ZIP)