



Mt. Hawley Insurance Company  
Peoria, IL 61615

# GENERAL LIABILITY/EXCESS – OWNER'S INTEREST QUESTIONNAIRE BUILDING UNDER CONSTRUCTION OR RENOVATION

**Applicant's Instructions:**

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Named Insured: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mailing address: \_\_\_\_\_ Inspection contact: \_\_\_\_\_  
\_\_\_\_\_ Phone number: \_\_\_\_\_  
\_\_\_\_\_

Proposed effective dates: \_\_\_\_\_ to \_\_\_\_\_

**DETAILS OF PROJECT**

Project location/address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated start date: \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

**NEW CONSTRUCTION OR RENOVATION**

Type of project:

- Residential    Commercial    New construction    Renovation of existing building

Has the project already commenced?    Yes    No

Is building completely vacant?    Yes    No   (If No, please provide details in narrative)

Will business operations be conducted prior to the completion of the project?    Yes    No

**SCOPE OF PROJECT**

Total sq. ft. of building: \_\_\_\_\_ Total number of stories: \_\_\_\_\_

If renovation work:

Total sq. ft. of renovation section: \_\_\_\_\_

Is the project a conversion?    Yes    No   If Yes, from \_\_\_\_\_ to \_\_\_\_\_

Intended use of the building, i.e., Apts, Co-Ops, Condo, Commercial: \_\_\_\_\_

Will any portion be sold upon completion of the project?    Yes    No

Does the project involve any additions or stories to existing structures?    Yes    No

Is there demolition involved?    Yes    No   If Yes, describe: \_\_\_\_\_

Is there any exterior work in excess of 3 stories?    Yes    No

**GENERAL CONTRACTOR INFORMATION**

Is the applicant hiring a General Contractor to handle the entire project?  Yes  No

Name of GC: \_\_\_\_\_

Cost of construction or renovation, i.e., all "hard costs": \_\_\_\_\_

Narrative description and nature of work; if demolition to be done, please also describe and advise if this will also be controlled by the General Contractor.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Attach a complete list of all entities to be named as Named Insureds and desired additional Insured requirements, if any.

A copy of the contract that our Insured is using with the General Contractor must be attached to this application. The contract must include the following:

1. Hold harmless and indemnification in favor of our Insured.
2. Insured to be named as Additional Insured by the General Contractor and all subcontractors hired by GC; certificates to be provided to Insured.
3. Insurance requirements no less than per attached.

**INSURANCE REQUIREMENTS ATTACHMENT:**

1. GL occurrence form with limits not less than 1mm occurrence/2mm aggregate to include premises, operations, products/completed operations, contractual, personal & advertising liability.
2. Workers compensation and employers liability with limits of at least 500,000/500,000/500,000.
3. Commercial excess/umbrella with limits of at least 5mm or as per quote requirements.

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, misstate or omit any material facts.

The Applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire, and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title (Officer, Partner, etc.)

\_\_\_\_\_  
Date

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER TO PRODUCE INSURANCE.