



Arch Insurance Group

## Project Specific Application For Insurance

### I. GENERAL INFORMATION:

Named Insured(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Has Financing Been Secured?  Yes  No

What Is The Source Of Financing? \_\_\_\_\_

Name of Audit Contact, mailing address & phone number: \_\_\_\_\_

Name of Loss Control Contact, mailing address & phone number: \_\_\_\_\_

Name of Admin. Contact, mailing address & phone number: \_\_\_\_\_

### II. PROJECT DETAILS:

Any construction to involve use of EIFS (Exterior Insulation Finish System)? Yes  No

#### Project Description:

<u>Project Details:</u>	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u> (wood frame, concrete, etc.)
Single Family Dwellings:	_____	_____	_____	_____
Apartments:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please 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 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 exposure 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:

Description:

**III. PROJECT TEAM – BACKGROUND/EXPERIENCE:**

**A. Project Sponsor**

Name of Sponsor, contact-person, mailing address, and phone number:

Describe past Residential construction experience of the Sponsor:

**B. Project Architect**

Name of Architect, contact-person, mailing address, and phone number:

Describe Architect's past Residential experience:

**C. Project General Contractor**

Name of General Contractor, contact-person, mailing address, and phone number:

Describe past Residential construction experience of the General Contractor (such as the number and types of residential structures built):

General Contractor – number of years in business: \_\_\_\_\_

General Contractor – number of years building residential structures: \_\_\_\_\_

**For the General Contractor provide 7 years of loss history (attach currently valued company's loss runs):**

	<b>Policy Period</b>	<b>Insurance Carrier</b>	<b>Valuation Date</b>	<b># of Claims</b>	<b>Incurred Losses</b>
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					
6 <sup>th</sup> Prior Year					
7 <sup>th</sup> Prior Year					
8 <sup>th</sup> Prior Year					
9 <sup>th</sup> Prior Year					
<b>Total(s):</b>					\$

(Note: Incurred Losses = Expense + Paid + Reserved. "See attached loss runs" – NOT ACCEPTABLE)

**Large Losses: (Each Loss \$20,000 and Greater)**

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

(Note: "See attached loss runs" – NOT ACCEPTABLE)

**D. Subcontractors**

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

_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %	_____	_____ %

Do you collect certificates from all subcontractors:

If yes, what are the minimum limits required? Occ. \$ \_\_\_\_\_ Gen. Agg. \$ \_\_\_\_\_ Prod. Agg. \$ \_\_\_\_\_

Yes  No

Do you require higher limits on certain subcontractors, such as graders, roofers, and plumbers:

Yes  No

What limits? \_\_\_\_\_ What type of sub? \_\_\_\_\_

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

**IV. RISK MANAGEMENT:**

**A. 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 their program?  
\_\_\_\_\_

**B. Quality Control Program**

- 1. Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?  
 Yes  No If yes:  
a) Who is responsible for managing the program? \_\_\_\_\_  
b) 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 If yes:  
a) When are the inspections performed? \_\_\_\_\_  
b) Are surprise inspections conducted?  Yes  No  
c) Who determines the inspection schedule? \_\_\_\_\_  
d) Who conducts the inspections? \_\_\_\_\_  
e) Briefly describe the established criteria for required follow-up:  
\_\_\_\_\_

3. Does the Named Insured have any Independent Inspections/Assessments performed?  Yes  No If yes:
- 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?  
\_\_\_\_\_

### C. Safety Program

1. Does the Named Insured have written safety program?  Yes  No If yes:
- a) Who is designated as the safety manager on site? \_\_\_\_\_
- (1) Is this person on site full time?  Yes  No
- b) Does the program require that there be scaffolding and fall protection?  Yes  No
- (1) What height requirement is maintained? \_\_\_\_\_
- c) Does the safety program specifically address:
- (1) Site Security?  Yes  No  Not Applicable
- (2) Attractive Nuisance?  Yes  No  Not Applicable
- (3) Power Lines?  Yes  No  Not Applicable
- (4) Traffic Control?  Yes  No  Not Applicable
- (5) Utility Identification?  Yes  No  Not Applicable
2. Are customers and future customers or other third parties allowed on site?  Yes  No If yes,
- a) What precautions are taken to protect third party visitors? \_\_\_\_\_

### D. Post Construction Operations

1. Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?  Yes  No If yes,
- a) Who conducts these inspections? \_\_\_\_\_
- b) Are these final inspections documented?  Yes  No
- c) How long is documentation maintained? \_\_\_\_\_
2. Does the Named Insured conduct walk through inspections with the buyers?  Yes  No If yes,
- a) Who conducts these inspections? \_\_\_\_\_
- b) Is a checklist used?  Yes  No
- c) How long is documentation maintained? \_\_\_\_\_
3. Will the Named Insured provide a Homeowners Manual to each buyer?  Yes  No

### E. Home Warranty Program

1. Will the Named Insured have a formal customer service department?  Yes  No If yes,
- a) How many years will you have a full time customer service department? \_\_\_\_\_
- b) Who is responsible for customer service? \_\_\_\_\_
- (1) Is this person on site full time?  Yes  No
- c) Does the Named Insured solicit and obtain homeowner surveys?  Yes  No If yes,  
Briefly describe how survey information is maintained and used:  
\_\_\_\_\_
2. Will the Named Insured provide each buyer with a Home Warranty?  Yes  No If yes,
- a) Will the Home Warranty be insured by a third party?  Yes  No If yes,
- (1) Who is the insurer? \_\_\_\_\_
- (2) What is the duration of these policies? \_\_\_\_\_
- (3) Are these policies renewable by the dwelling owner?  Yes  No

3. Describe how warranty work will be addressed following completion of the project:

a) Who will do the warranty repairs? \_\_\_\_\_

b) Will there be a database monitoring system for the warranty program?  Yes  No If yes,

Briefly describe the system:  
\_\_\_\_\_

**F. SB-800 (California Insureds Only)**

1. How are you in compliance with SB-800 in the following areas:

Subcontractor's agreement/contracts: \_\_\_\_\_

Customer Services: \_\_\_\_\_

Sales Agreements: \_\_\_\_\_

Claims Handling: \_\_\_\_\_

**V. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE**

1. Site Map
2. Soil/Geotechnical Report (must be less than one year old)
3. Construction Budget
4. Subcontractors Agreement

**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.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_