



Construction Risks Job Specific Projects Application

Please answer all questions. Indicate "not applicable" where appropriate.

I. General Information

Name Insured(s): Mailing address: Contact name: Contact phone:	Applicant is a(n): <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Years in business: Proposed effective date: From _____ to _____ (12:01 a.m. Standard Time of the address of the applicant)
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II. Details of Operations Performed

Fill in the percentage of your operations in each category. (Entries on each numbered line must total 100%)

1. Commercial construction: _____% Residential construction: _____%
2. New construction: _____% Renovations/repairs: _____%

III. Project Coverage

	# of Units	# of Buildings	# of Stories	Construction type (Wood frame, concrete, etc.)
Condo/Co-op, Units/Townhomes				
Single family homes				
Apartments				
Other, describe:				
Does the project involve adding additions or floors to existing buildings? If yes, describe:				
Address/location of project:				

Attach a complete Project Cost Breakdown.

Name Insured's role (owner/developer, GC, etc.)	
Total project cost (include all labor, subcontractors, equipment)	
Total subcontractor costs	
Project payroll	
Project receipts/sales price	
Project length/term	
Will there be any demolition? If yes, describe:	
What is the adjacent property exposure, including how much room to adjacent structures?	
Has work already begun? If yes, describe the extent of the completed work:	
What is the Name Insured's experience with other projects, including any similar projects?	
What limits, including Umbrella, will the GC carry?	

IV. Subcontractor and Contractual Controls

Does the applicant use subcontractors?

Yes No

If yes:

Does the applicant obtain certificates of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant use the same basic wording? If contracts vary, describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contract require Broad Hold Harmless in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contract require additional Insured status in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the contract require primary/non-contributory wording in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What limits of GL coverage, if any, does the applicant require from subs?	\$ _____
Do you require that your subs carry Umbrella limits? If yes, what limits? \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you require Certificates of Insurance evidencing GL coverage from your subs? If yes, do you require that the certificates include additional insured wording in your favor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Describe your procedures for monitoring and tracking subcontractor contracts and certificates:	

How many years do you retain Contracts and Certificates?	_____ years

Attach a copy of the subcontract agreement.

IV. Loss History

By attachment, provide carrier Loss Runs for the current year plus five years prior. The information should include the total incurred, number of claims, loss valuation date, and carrier for each year.

Provide a description of any losses over \$25,000:

Notice to the Applicant

Completion of this application does not obligate us to provide or bind insurance as requested, nor does it obligate you to purchase such insurance. 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.

The applicant represents the above statements and facts are true and no material facts have been suppressed or misstated. You agree to notify us of any material changes in the information provided by you in this application, which may arise prior to the effective date of a policy issued by us based upon the information represented herein.

The applicant hereby authorizes the release of claim information from any prior insurer to the company indicated above.

Notice: Any person who knowingly files, or knowingly assists another in filing, an application for insurance or claim containing any false, incomplete, or misleading information for the purpose of defrauding or attempting to defraud an insurance company may be guilty of a crime and may be subject to criminal and civil penalties and loss of insurance benefits.

Applicant's signature _____ Date _____

Applicant's name and title, printed _____

Producer's signature _____ Date _____

Producer's name and title, printed _____