



WRAP-UP & PROJECT SPECIFIC APPLICATION FOR INSURANCE

GENERAL INFORMATION				
1. Coverage Choice (check one)		<input type="checkbox"/> Wrap <input type="checkbox"/> Project Specific		
2. Named Insured				
3. Mailing Address				
4. Project Name				
5. Project Address				
6. Project Start Date		Project Completion Date		
7. Has Financing Been Secured?				<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, What Is The Source of Financing?				
8. Name of Audit Contact		Telephone Number		
Email Address				
9. Name of Loss Control Contact		Telephone Number		
Email Address				
PROJECT DETAILS				
10. Project Description <i>(please describe the project in the box below)</i>				
11. Additional Details <i>(if the project involves ground up building construction, please complete the following)</i>				
	# of Units	# of Buildings	# of Stories	Construction Type (Wood, frame, concrete, etc.)
Single Family Dwellings				
Townhouses				
Condominiums				
Apartments				
Military or Student Housing				
Commercial (Other Than Apartments)				
Other				
If Other, Please Describe:				
12. Estimated Total Construction Cost for Project Term				\$

Construction Cost Definition: <i>“Construction Costs” is defined as the cost of all labor, materials, equipment and supplies furnished, used or delivered for use in the execution of such work, whether furnished by the owner, by the contractors, or by subcontractors at any level; and general conditions, contingency fees, overhead and profit (attach copy of construction budget).</i>	
13. Estimated Direct Payroll Other Than Executive Supervisors (Only Required for Project Specific Coverage)	\$
14. Estimated Subcontractor Costs (Only Required for Project Specific Coverage)	\$
15. Estimated Total Sale Prices for All Units, if applicable	\$
16. Describe surrounding exposures including proximity of any adjacent structures:	
North	
South	
East	
West	
17. Does the site or adjacent property include any hillsides or slopes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
18. Was the site previously developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
<i>Please be sure to include complete details of any previous site improvements which will be part of the final project</i>	
19. Will the project involve any demolition of existing structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
20. Will the project involve underpinning or shoring of existing structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Description:	
21. Any use of EIFS (Exterior Insulation Finish System)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT TEAM – BACKGROUND/EXPERIENCE	
22. Project Sponsor	
a. Name of Sponsor	
b. Website	
23. Project Architect	
a. Name of Architect	
b. Website	
24. Project General Contractor	
a. Name of General Contractor	
b. Website	
c. Years In Business	

LOSS HISTORY

For the General Contractor, provide 5 years of currently valued loss runs

RISK MANAGEMENT

25. Does the Named Insured have a written Safety Program? Yes No

26. Does the Named Insured have a Quality Control Program? Yes No

Description:

27. For Homebuilders:

Do you have a formal warranty program? Yes No

Description:

Do you have a formal customer service program? Yes No

Description:

28. Does the general contractor have the following subcontractor controls in place? (Only Required for Project Specific Coverage)

Written contract with all subcontractors? Yes No

Hold harmless clause in your favor? Yes No

Do you collect certificates from all subcontractors? Yes No

If yes, what are the minimum limits required? \$

Do you require all subcontractors to name you as an additional insured, including Completed Operations? Yes No

If no, please explain:

How long do you maintain records of the above documents?

ADDITIONAL INFORMATION, IF APPLICABLE

1. Site Map

2. Soil Geotechnical Report (must be less than one year old)

3. Construction Budget

4. A copy of the General Contractor’s standard subcontract agreement to be used for this project (Only Required for Project Specific Coverage)

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.

FRAUD NOTICE

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. (Not applicable in AL, AR, CO, DC, FL, KS, KY, LA, MD, ME, NJ, NM, NY, OH, OK, OR, RI, TN, VA, VT, WA or WV – see Additional Fraud Notices for these States below). ADDITIONAL FRAUD NOTICES

NOTICE TO ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 policy holder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: 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.

NOTICE TO FLORIDA APPLICANTS: 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.

NOTICE TO KANSAS APPLICANTS: 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 commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: 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.

NOTICE TO MAINE APPLICANTS: 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 denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

NOTICE TO TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO VERMONT APPLICANTS: 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.

The undersigned declares that to the best of his or her knowledge and belief the statements and representations made herein and in any attachments appended hereto and/or incorporated herein by reference are true and complete and that no material facts have been misstated, misrepresented, suppressed or concealed. The signing of this application does not bind the undersigned to purchase insurance, nor does review of the application bind any insurer to issue a policy. It is agreed, however, that this application shall be the basis of the contract should a policy be issued. If there is any material change in the answers to the questions provided herein or in any of the attachments appended hereto and/or incorporated herein by reference prior to the effective date of the insurance policy, the applicant must immediately notify the insurer in writing and the insurer reserves the right in such instance to modify or withdraw any quotation or binder that may have been issued. The undersigned also represents that he or she is authorized on behalf of the applicant to complete and sign this application on its behalf.

Applicant Name (Printed)

Applicant Title

Applicant Signature*

Date

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

Producer Name (Printed)

Producer Signature*

* **ELECTRONIC SIGNATURE AND ACCEPTANCE**

You can apply your signature to this form electronically by checking the Electronic Signature and Acceptance box below your signature line and by then either applying your electronic signature to this form or by typing your name above your signature line on this form. By doing so, you hereby consent and agree that your use of a key pad, mouse, keyboard or other device to accomplish the foregoing constitutes your signature, acceptance, and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract.