



PROJECT SPECIFIC SUPPLEMENTAL APPLICATION

APPLICANT INFORMATION

Requested Named Insured(s):				
Mailing Address:				
Inspection Contact Name and Telephone Number:				
Applicant is seeking coverage as:	<input type="checkbox"/> GC's Interest	<input type="checkbox"/> Owner's Interest	<input type="checkbox"/> Owner/GC	<input type="checkbox"/> Trade Contractor

PROJECT INFORMATION

1.	Project name:				
2.	Project address:				
3.	Project start date:		Project complete date:		
4.	Project description and scope of work:				
5.	End use of project:				
6.	Will any portion of the project be sold upon completion?				<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Project details	# of units	# of bldgs.	# of stories	Square ft.
	Apartment				
	Condominiums/townhouses/co-op				
	Custom single family homes				
	Tract homes				
	Commercial/industrial				
	Other (describe):				
8.	Name of the project owner (Owner):				
9.	Name of general contractor (GC):			Contractor License #:	
10.	Number of years the GC has been in business performing similar work:				
11.	Does the GC have a formal safety program in place?				<input type="checkbox"/> Yes <input type="checkbox"/> No
12.	Is the GC's general liability coverage provided by:			<input type="checkbox"/> Practice Policy	<input type="checkbox"/> Project Specific Policy

EXPOSURES

Total construction hard costs	\$		**Field payroll	**Classification/Description
Subcontracted costs	\$		\$	
Supervisory payroll	\$		\$	
Total field payroll**	\$		\$	
**Provide a breakdown of total field payroll to the right.			>>>	\$

SURROUNDING EXPOSURES AND SPECIAL HAZARDS

Direction from project	Description	Underpinning or other special care required?		
		Yes	No	Details
North				
South				
East				
West				
1.	Is there any exposure to hillsides, slopes, potential subsidence areas?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:			

2.	Was the site previously developed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
3.	Will the project involve any demolition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," type of demolition and describe structures being demolished:	
a.	Who is contracting the demolition work? <input type="checkbox"/> Owner <input type="checkbox"/> General contractor <input type="checkbox"/> Other	
b.	What are the total liability limits carried by the demolition contractor?	
4.	Will a crane be used during the project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," describe type and provide limits of insurance required:	
5.	Does this project include mass timber or modular construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
6.	Will any part of the project location be occupied during the project term?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	
	Describe how occupants will be protected against construction hazards:	
7.	Describe how the project site will protect the public from injury:	

SUBCONTRACTOR EXPOSURES		
1.	Does the applicant require written contractual agreements from all hired contractors prior to being allowed on the job site?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the contract include the following insurance requirements:	
a.	Hold harmless and indemnification of the Owner(s) and GC (if included as applicant)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Waiver of subrogation in favor of the Owner(s) and GC (if included as applicant)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Owner(s) and GC (if included as applicant) named as additional insured (for ongoing and completed operations) by the subcontractor and any sub-subcontractors on their respective GL policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Insurance coverage includes products/completed operations and full contractual?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Limits of liability greater than or equal to your own?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Do you require excess liability limits from contractors hired by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Limit:	Type of work performed:
3.	Do you obtain current certificates of insurance from each hired contractor prior to them starting work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Describe any formal subcontractor pre-qualification program:	
5.	Do you ever employ temporary or day laborers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If "Yes," please describe:	

REQUIRED	
Are you or your company aware of any facts, circumstances, incidents, or accidents (including but not limited to faulty or defective workmanship, product failure, construction dispute, breach of contract, property damage or worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? If "Yes," please attach a detailed explanation.	<input type="checkbox"/> Yes <input type="checkbox"/> No

SUPPLEMENTAL INFORMATION TO INCLUDE WITH YOUR SUBMISSION	
1.	Construction budget
2.	Project site plan (or map)
3.	Geotechnical report

FRAUD WARNINGS

Warning – 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 purposes or misleading information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.

AL, AR, DC, LA, MD, RI, WV – Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.

CO – 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.

FL, OK – 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. (FL only)

KY, PA – 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.

ME, TN, VA, WA – 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 (ME only) include imprisonment, fines or a denial of insurance benefits.

NJ, NM – Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

NY – 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.

OH – Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a false claim containing a false or deceptive statement is guilty of insurance fraud.

OR – 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 facts may be violating state law.

UT – Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

SIGNATURE

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 application which may arise prior to the effective date of any policy issued pursuant to this application 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 application will be incorporated into and form a part of such policy.

Signature of Applicant (or Legal Representative)

Printed Name of Applicant (or Legal Representative)

Title (Officer, Partner, etc.)

Date Signed

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