Arch Insurance Group

Project 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 #: _____

Name of Admin. Contact, mailing address & phone #: _____

II. PROJECT DETAILS:

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

Pex or Kitec piping to be used? ☐ Yes ☐ No

Has any work begun at the project site? ☐ Yes ☐ No

Is it all new ground-up construction? ☐ Yes ☐ No

Project Description:

Project Details:	**# of Units**	**# of Buildings**	**# of Stories**	**Construction Type** (wood frame, concrete, etc.)
Single Family Dwellings:	_____	_____	_____	_____
Townhouses:	_____	_____	_____	_____
Condominiums:	_____	_____	_____	_____
Apartments:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please describe:

Estimated total Field Payroll (for ALL contractors) for project term: $ _____

Estimated total sale prices for all units: $ _____

Estimated total Construction Cost for project term: $ _____

The total cost of all work let or sublet in connection with each covered project including: The cost of all labor, materials, services, and equipment furnished, used or delivered for use in the execution of the work and all bonuses and commissions.

Do not include the cost of the land, financing (including lender's fees), insurance charges, and permit fees.

Describe surrounding exposures including proximity of any adjacent structures:

North:

South:

East:

West:

Is 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 party of the final project.

Will the project involve any demolition of existing structures? ☐ Yes ☐ No

If yes, please describe how the demolition will be conducted including the number of buildings/stories:

Is the Wrap-Up coverage to apply for demolition operations? ☐ Yes ☐ No

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:

G.C. License 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):

	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
Current Year					
1st Prior Year					
2nd Prior Year					
3rd Prior Year					
4th Prior Year					
5th Prior Year					
6th Prior Year					
7th Prior Year					
8th Prior Year					
9th Prior Year					
			Total(s):		$

Note: Incurred Losses = Expense + Paid + Reserved.

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

Policy Year	Date of Loss	Total Incurred	Open/ Closed	Description of Loss
		$		

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?

_____

4 Please describe how you plan to address construction defect complaints from the buyers of your units throughout the state statute of repose:

_____

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:

_____

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

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATETIAL 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: _____