

Project Specific Application for Insurance

COMPLETE IN ADDITION TO ACORD APPLICATIONS.
ATTACH ADDITIONAL SHEETS AS NECESSARY.
ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

GENERAL INFORMATION:

1. Name of Applicant: _____
2. Mailing Address: _____
3. Project Name: _____
4. Project Address: _____
5. Project Start Date: _____ Project Completion Date: _____
6. Has financing been secured? Yes No
7. What is the source of financing? _____
8. Is the seller of the building(s) to be covered? Yes No N/A
If yes, are they to be covered as: Named Insured Additional Insured
9. Audit contact: Name: _____ Phone: _____
Mailing address: _____
10. Loss control contact: Name: _____ Phone: _____
Mailing address: _____

PROJECT DETAILS:

1. Has any work started at the project site? Yes No
If yes, please explain: _____
2. Is it all new ground up construction? Yes No N/A
3. Project description: _____

Project Details:	# of units	# of buildings	# of stories	Construction type (wood frame, concrete, etc.)
Single family dwellings				
Townhouses				
Condominiums				
Other				

If other, please describe: _____

4. Estimated total field payroll (for ALL contractors): \$ _____
5. Estimated total construction cost for project term: \$ _____
6. 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: 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.

7. Describe surrounding exposures including proximity of any adjacent structures:

North: _____

South: _____

East: _____

West: _____

8. Is there any exposure to hillsides, slopes, landfill or other potential subsidence areas? Yes No
If yes, please describe: _____

9. Was the site previously developed? Yes No
If yes, please describe: _____

Please be sure to include complete details of any previous site improvements which will be party of the final project.

10. Will the project involve any demolition of existing structures? Yes No
If yes, please describe: _____

11. Is the wrap-up coverage to apply for demolition operations? Yes No

PROJECT TEAM – BACKGROUND EXPERIENCE:

1. Project Sponsor

Name of Sponsor: _____

Contact person: _____

Mailing address: _____

Phone number: _____

Describe past residential construction experience of the Sponsor:

2. Project General Contractor

Name of General Contractor: _____

Contact person: _____

Mailing address: _____

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 building residential structures: _____

For the general contractor, please provide 5 years of loss history (attach currently valued company's loss runs):

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

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

RISK MANAGEMENT:

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:

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 or percentage of the project are to be inspected and how often?
_____ % How often? _____

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 N/A
 - (2) Attractive nuisance? Yes No N/A
 - (3) Power lines? Yes No N/A
 - (4) Traffic control? Yes No N/A
 - (5) Utility identification? Yes No N/A

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?

Post Construction Operations

1. Does the Named Insured have a written procedure for conducting final inspections 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 N/A
 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 N/A

Home Warranty Program *(If this is not a residential project skip this section and check here N/A)*

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:
- _____

ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE

1. Site map
2. Soil/Geotechnical report (must be less than one year old)
3. Construction budget

FRAUD WARNINGS

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 and subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in Colorado: 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.

Applicable in Florida and Oklahoma: 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. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: 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.

Applicable in Kentucky: 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.

Applicable in Maine, Tennessee, Virginia and Washington: 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 a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>