



New York Project Specific Application For Insurance

1. Named Insured(s): _____
2. Name of Principal(s): _____
3. Mailing Address: _____
4. Project Name: _____
5. Project Address: _____
6. Project Start Date: _____ Project Completion Date: _____
7. Project Website: _____ Insured's Website: _____
8. Name of Audit Contact, mailing address & phone number: _____
9. Name of Loss Control Contact, mailing address & phone number: _____
10. Insured's Role in Project:
 General Contractor % Subcontractor % Owner % Construction Manager %

11. Project Information

Project Description: _____

Project Details:

Project Details	# of Units	# of Buildings	# of Stories	Total Sq. Ft	Type of Construction
Single Family Dwellings					
Condominiums:					
Apartments:					
Commercial/Retail:					
Other					
If Other, please describe:					

12. Exposures

Field Payroll	Subcontracted Costs	% of Subcontracted Work	Total Construction Cost	Total Sales
\$	\$	%	\$	\$

Construction Cost definition: The total cost of all work let or sublet in connection with each specific project including (1) the cost of all labor, materials and equipment furnished, used or delivered for use in the execution of the work; and (2) all fees, bonuses or commissions made, paid or due.

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

Direction from Project	Description:	Underpinning Required?
North:		<input type="checkbox"/> Yes <input type="checkbox"/> No
South:		<input type="checkbox"/> Yes <input type="checkbox"/> No
East:		<input type="checkbox"/> Yes <input type="checkbox"/> No
West:		<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Are there any exposures to hillsides, slopes, landfill or other potential subsidence areas: Yes No
 If yes, describe: _____
15. Was the site previously developed? Yes No
 If yes, describe in detail including prior completed work? _____
16. Will the project include demolition of existing structures? Yes No
 If yes, describe structure: _____
 If yes, describe demolition process: _____

Project Team Experience

17. Project Sponsor Name: _____
 Mailing Address: _____
 Describe Sponsor's past construction experience: _____
18. Project Architect Name: _____
 Mailing Address: _____
 Describe Architect's past construction experience: _____
19. Project General Contractor Name: _____
 Mailing Address: _____
 Describe General Contractor's past construction experience: _____
 Number of years in business: _____
 Describe similar projects performed by General Contractor: _____

20. Estimates for the project:
 Direct Payroll \$ Subcontractor Costs \$ Gross Sales \$

21. Payroll by General Liability Class:

Class	Payroll

22. Please describe your 5 most recent projects:

Description	Job Cost	Project Duration

23. Please describe your recently completed projects:

Description	Job Cost	Project Duration

24. Do you hire subcontractors directly? Yes No *If yes, please answer the following questions:*

List the percentage of work performed by subcontractors:

<u>Asbestos Abatement</u>	_____%	<u>EIFS</u>	_____%	<u>Masonry</u>	_____%	<u>Steel (Ornamental)</u>	_____%
<u>Blasting</u>	_____%	<u>Excavation</u>	_____%	<u>Painting</u>	_____%	<u>Steel (Structural)</u>	_____%
<u>Bridge/Overpass</u>	_____%	<u>Fire Sprinkler</u>	_____%	<u>Pile Driving</u>	_____%	<u>Street/Road</u>	_____%
<u>Carpentry</u>	_____%	<u>Gas Main</u>	_____%	<u>Plastering</u>	_____%	<u>Supervisor</u>	_____%
<u>Concrete</u>	_____%	<u>Grading</u>	_____%	<u>Plumbing</u>	_____%	<u>Tanks</u>	_____%
<u>Crane Rental</u>	_____%	<u>HVAC</u>	_____%	<u>Roofing</u>	_____%	<u>Underpinning</u>	_____%
<u>Demolition</u>	_____%	<u>Insulation</u>	_____%	<u>Sewer/Water</u>	_____%	<u>Waterproofing</u>	_____%
<u>Drywall</u>	_____%	<u>Lead Abatement</u>	_____%				

25. Do you require written contractual agreements from all subcontractors? Yes No
 If yes, do you use the same wording for all contracts? Yes No

If they vary, please describe:

26. Does the subcontractor contract require the following:

- Broad Hold Harmless in your favor? Yes No
- Additional Insured Status in your favor? Yes No
- Primary/Non-Contributory wording in your favor? Yes No
- What are the minimum limits required?
- Will you hire Demolition Contractors? Yes No
- If yes, what limits will you require they carry?
- Will you use a Crane? Yes No
- If yes, what limits will be required?
- What sort of Crane will be used?
- Who is the individual responsible for reviewing and accepting subcontractor's Certificates of Insurance, Contracts, and Policies?

27. Do you hire any Day Laborers or Casual Laborers? Yes No

If Yes, please provide annual estimated expenditures:
\$

28. Do you have a formal safety program in operation? Yes No

29. Do you have formal safety meetings? Yes No

If so, how often are these held?

30. Have you ever been involved in or are you aware of any pending litigation concerning construction defect?

If yes, please explain:

31. **LOSS HISTORY** - Indicate all claims or occurrences that may give rise to claims for the prior 5 years:

Policy Period	# of Claims	Incurred Losses	Exposure	Valuation Date	Insurance Carrier
Totals		\$			

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

Along with this questionnaire, you must include the following:

1. 5 year Loss Runs currently valued no greater than 60 days for the General Contractor
2. Site Map
3. Soil/Geotechnical Report
4. Construction Budget
5. Proposed Subcontractors Agreement
6. Resume of Principals

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.

Signature of Applicant: _____ Date: _____

Name and Title: _____

Signature of Producer: _____ Date: _____

Name and Title: _____