# Infrastructure Application For Insurance

1. **GENERAL INFORMATION:**

|  |  |
| --- | --- |
| **Named Insured(s):**  |       |
| **Mailing Address:** |       |
| **Project Name:** |       |
| **Project Address:** |       |
| **Project Start Date:** |       | **Project Completion Date:** |       |
| **Has Financing Been Secured?** | [ ]  Yes [ ]  No |
| **Source of Financing** |       |
| **Coverage being requested:** | [ ]  Wrap [ ]  Project |
| **Audit Contact: Name,** **e-mail address, & phone #:** |       |
| **Loss Control Contact: Name,** **e-mail address, & phone #:** |       |
| **Admin. Contact: Name,** **e-mail address, & phone #:** |       |

1. **PROJECT DETAILS:**

|  |
| --- |
| **Project Description *(please provide full description)*:** |
|       |
| **Estimated total Field Payroll (for ALL contractors) for project term:** | $       |
| **Estimated total Construction Cost for project term:** | $       |
| 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. |
| **Describe surrounding exposures including proximity of any adjacent structures:**  |
| North:       |  |
| South:       |  |
| East:       |  |
| West:       |  |
| **Will the project involve any demolition of existing structures?** | [ ]  Yes [ ]  No |
| Description:       |
| **Is the Wrap-Up coverage to apply for demolition operations?** | [ ]  Yes [ ]  No |

1. **PROJECT TEAM – BACKGROUND/EXPERIENCE:**

## Project Sponsor

|  |
| --- |
| **Name of Sponsor, contact-person, mailing address, and phone number:** |
|       |
| **Describe past Residential construction experience of the Sponsor:** |
|       |

## Project Architect

|  |
| --- |
| **Name of Architect, contact-person, mailing address, and phone number:** |
|       |
| **Describe Architect’s past Residential experience:** |
|       |

## Project General Contractor

|  |
| --- |
| **Name of General Contractor, contact-person, mailing address, and phone number:** |
|       |
| **General Contractor – number of years in business:** |       |

**For the General Contractor provide 7 years of loss history (attach currently valued company’s loss runs):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Policy Period** | **Insurance Carrier**  | **Valuation Date** | **# ofClaims** | **IncurredLosses** |
| 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. “See attached loss runs” – **NOT ACCEPTABLE**)

**Has the insured had any Construction Defect Losses?** [ ]  Yes [ ]  No

**If Yes, Provide details of all Construction Defect Losses:**

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

**Large Losses: (Each Loss $25,000 and Greater) Other than listed above.**

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

(Note: “See attached loss runs” – **NOT ACCEPTABLE**)

1. **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):

* + 1. Were there any significant design or material selection decisions made to prevent claims? [ ]  Yes [ ]  No

If yes, please provide specific details of such decisions?

* + 1. 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:

* + - 1. Who is responsible for managing the program?
			2. Briefly describe the program and/or attach a copy of the program to this questionnaire:

* + 1. Does the Named Insured have a written Site Inspection Program? [ ]  Yes [ ]  No If yes:
			1. When are the inspections performed?
			2. Are surprise inspections conducted? [ ]  Yes [ ]  No
			3. Who determines the inspection schedule?
			4. Who conducts the inspections?
			5. Briefly describe the established criteria for required follow-up:

* + 1. Does the Named Insured have any Independent Inspections/Assessments performed? [ ]  Yes [ ]  No If yes:
			1. Who is providing this service?
			2. Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire:

* + - 1. What percentage of units are to be inspected and how often?

## Safety Program

* + 1. Does the Named Insured have written safety program? [ ]  Yes [ ]  No If yes:
			1. Who is designated as the safety manager on site?
				1. Is this person on site full time? [ ]  Yes [ ]  No
			2. Does the program require that there be scaffolding and fall protection? [ ]  Yes [ ]  No
				1. What height requirement is maintained?
			3. 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 |

* + 1. Are customers and future customers or other third parties allowed on site? [ ]  Yes [ ]  No If yes,
			1. 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 for each dwelling at completion? [ ]  Yes [ ]  No If yes,
			1. Who conducts these inspections?
			2. Are these final inspections documented? [ ]  Yes [ ]  No
			3. How long is documentation maintained?
		2. Does the Named Insured conduct walk through inspections with the buyers? [ ]  Yes [ ]  No If yes,
			1. Who conducts these inspections?
			2. Is a checklist used? [ ]  Yes [ ]  No
			3. How long is documentation maintained?
		3. Will the Named Insured provide a Homeowners Manual to each buyer? [ ]  Yes [ ]  No
1. **ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE**
2. Site Map
3. Soil/Geotechnical Report (must be less than one year old)
4. 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: |       |