



## SPECIALTY COMMERCIAL GC PROJECT SPECIFIC APPLICATION

### APPLICANT INFORMATION

Name:			
Mailing Address:			
Proposed Effective Date:	From:	To:	Website:
Form of Business: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> CORPORATION <input type="checkbox"/> SUBCHAPTER "S" CORPORATION <input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> NOT FOR PROFIT ORG <input type="checkbox"/> OTHER (PLEASE SPECIFY): _____			Years in Business

Contact Person Name:	Phone Number:
Email Address:	Mobile Phone Number:

### PROJECT INFORMATION

- Project Name:
- Project Address:   
City:  State:  Zip:
- Project Start Date:  Project End Date:
- Project description and scope of work:
- End use of project:

### PROCEDURES WITH SUBCONTRACTORS

- What entity manages your Subcontractor Agreements and Certificates of Insurance from Subcontractors?

a. Is this self-performed?  Yes  No

b. If this is self-performed:

- Who is the individual responsible for this information?

Name:
Title:

- Is this person also reviewing subcontractor policies for exclusionary language and coverage exclusions?

Yes  No

- How long has this individual been performing this job for you?

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7. If you utilize subcontractors, do you require that they do the following?
- a. Provide proof of workers compensation and liability insurance before they or their employees are allowed on the job site?  Yes  No
  - b. Maintain liability insurance with 1/2/2 Limits or higher?  Yes  No
    - i. If no, what limit do you require?
  - c. Sign a written contract containing a Hold-Harmless Agreement (favoring you) before they begin work?  Yes  No
  - d. Name you as an additional insured before beginning work?  Yes  No
  - e. How long do you maintain records of the above subcontractor documents?

**PLEASE ATTACH A COPY OF CURRENTLY EXECUTED SUBCONTRACTORS AGREEMENT THAT YOU USE.**

8. Prior Carrier Information:

	Years:	Years:	Years:	Years:
Carrier				
General Liability Limits				
Total Premium				

9. Prior Project Information

End of Use Type	# Units	# Buildings	# Stories	Construction Type
Custom Single Family Homes				
Tract Homes				
Condominiums / Townhomes / Co-op				

Retail Stores	%	Mixed Use w/ Rented Apartments 40 units or Fewer	%
Restaurants	%	Schools	%
Entertainment	%	Outpatient Health	%
Rental Dwellings (New)	%	Offices	%
Rental Dwellings (Remodel)	%	Health/Wellness Personal Care Services	%
Warehouses/Shipping Centers	%	Rental Apartments 40 Units or Fewer	%
Hotels/Motels	%		

10. Exposures

Field Payroll	Subcontracted Costs	Uninsured Sub Costs	Total Construction Cost*	Total Sales
\$	\$	\$	\$	\$

\*Total construction cost is 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 work, and (2) all fees, bonuses, or commissions, made, paid or due.

11. Applicant is seeking coverage as:

General Contractor  
  Owner's Interest  
  Owner/GC  
  Trade Contractor  
  Wrap-Up

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12. Describe the surrounding exposure and any special hazards:

Direction from Project	Description	Underpinning or other special care required?		
		Yes	No	Details
North				
South				
East				
West				

13. Was the site previously developed?  Yes  No

a. If yes, please describe:

14. Will any part of the project involve Exterior Insulation and Finish Systems (EIFS)?

15. Will the project involve any demolition?  Yes  No

a. If yes, type of demolition used:

b. What CGL limits will the demo contractor be required to carry?

16. Is the applicant aware of any pollution exposures on the jobsite?  Yes  No

a. If yes, please describe:

17. Will any part of the project location be occupied during the project term?  Yes  No

a. If yes, please provide details:

b. Describe how tenants will be protected against construction hazards:

18. Describe how the project site will be protected from trespassers:

19. Describe how the project site will protect pedestrians from injury:

20. Describe safety program and who is responsible:

21. Describe quality control program:

22. Describe the site inspection program:

23. Does the insured provide a warranty of duration lasting at least 12 months?  Yes  No

24. Number of years GC has performed similar type work:

25. Describe other GC qualifications you find relevant:

26. Will the project involve the addition of stories to an existing structure?  Yes  No

a. If yes, please describe fully and include a structural engineers report.

### LOSS HISTORY

27. Has the applicant been involved in any construction defect litigation, or is the applicant aware of any pending construction defect litigation?  Yes  No

28. Attach at least 5 years hard copy, currently valued, carrier loss runs.

29. In the absence of prior applicable practice policies, please attach a list five (5) similar projects completed or in progress with supporting currently valued loss runs for these projects.

### OTHER REQUIRED ATTACHMENTS THAT MUST ACCOMPANY YOUR SUBMISSION

- Soil/Geotech Report
- Construction Budget
- Applicable Resume
- If the applicant is seeking coverage as a General Contractor or Owner/GC please attach a copy of the contract used with subcontractors – including and applicable addendums. Also attach sample COI from contractor confirming limits and AI.

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**FRAUD 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 the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy.

### **Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

### **Applicable in 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.

### **Applicable in FL and 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)\*.

\*Applies in FL Only.

### **Applicable in KS**

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 KY, NY, OH and PA**

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 subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*.

\*Applies in NY Only.

### **Applicable in ME, TN, VA and 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)\* include imprisonment, fines and denial of insurance benefits. \*Applies in ME Only.

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### **Applicable in NJ**

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **Applicable in 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 fact may be violating state law.

### **Applicable in PR**

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.

**The applicant agrees, represents and warrants that the statements and information contained in the application for insurance, including all statements, information and documents accompanying or relating to the application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in the application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to the application, renders coverage for any claim(s) null and void and entitles us to rescind the policy from its inception.**

**Signature of Applicant \*:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Name of Producing Agent:** \_\_\_\_\_

**Signature of Producing Agent:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\*Signing this application does not bind the applicant or the company to complete the insurance.