



**Existing Project Construction Application**

**I. Applicant Information**

Named Insureds: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Project Address: \_\_\_\_\_  
 Policy Period: \_\_\_\_\_

Is the seller of the project to be covered?  Yes  No

- Seller's Information: \_\_\_\_\_

Is the new buyer contractually responsible for prior work?  Yes  No

- If yes, please provide additional details and a copy of the agreement. \_\_\_\_\_  
 \_\_\_\_\_

Coverage Requested:  Wrap  Project Specific

Date of original start of construction: \_\_\_\_\_

Date original construction ceased: \_\_\_\_\_

Has Financing Been Secured?  Yes  No

- Source: \_\_\_\_\_

**IV. Project Details**

	Number of Uncompleted and Partially Completed Units	Total Number of Units to be Built	Total Number of Buildings	Number of Stories	Construction Type
Single Family Dwellings:	_____	_____	_____	_____	_____
Townhomes:	_____	_____	_____	_____	_____
Condominiums:	_____	_____	_____	_____	_____
Other (please describe above):	_____	_____	_____	_____	_____

**Describe the project and provide details of the work completed.**

- Please include the original and currently proposed construction budget and timelines. \_\_\_\_\_  
 \_\_\_\_\_



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What was the *Original Total Construction Cost*? \_\_\_\_\_

What is the *Total Construction Cost for the Remainder of the Project*? \_\_\_\_\_

*Estimated Total Sale Prices* for all units, if applicable: \_\_\_\_\_

*Estimated Total Field Payroll* (for all contractors): \_\_\_\_\_

Is a property condition report available?  Yes  No.

- If yes, please attach.

Has the project been left vacant?  Yes  No

How was the project secured? \_\_\_\_\_

Is there any exposure to hillside, slopes, landfill or other potential subsidence areas?  Yes  No

Had the site been previously developed?  Yes  No

Does a Homeowners Association/Condo Association exist currently on the units completed & to be completed?  Yes  No

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

Are there known pollution exposures on the job site?  Yes  No

**Adjacent Exposures:**

North: \_\_\_\_\_

South: \_\_\_\_\_

East: \_\_\_\_\_

West: \_\_\_\_\_

**III. Project Team – Background/Experience**

**Audit Contact** mailing address, phone number and e-mail address:

\_\_\_\_\_

**Loss Control Contact** mailing address, phone number and e-mail address:

\_\_\_\_\_

**Administration Contact** mailing address, phone number and e-mail address:

\_\_\_\_\_

**Project Sponsor Contact** mailing address, phone number and e-mail address:

\_\_\_\_\_

- Describe sponsor's past residential experience:

\_\_\_\_\_

**Architect Contact** mailing address, phone number and e-mail address: \_\_\_\_\_

\_\_\_\_\_

- Describe past residential experience: \_\_\_\_\_

\_\_\_\_\_

- Will the original architect and structural engineer continue on the project?  Yes  No

PROPERTY | CASUALTY | EXECUTIVE & PROF LIABILITY | BINDING AUTHORITY | LIFE SCIENCES  
WORKERS' COMP | HEALTHCARE | CONSTRUCTION | TRANSPORTATION | CLAIMS | AGRIBUSINESS

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**General Contractor Contact mailing address, phone number and e-mail address:** \_\_\_\_\_

- Describe past residential experience: \_\_\_\_\_
- Number of Years in Business: \_\_\_\_\_
- Number of Years building residential structures: \_\_\_\_\_

**\*\*\*\*Please provide 7 years of loss history for General Contractor.**

**V. Loss Information**

**Are there any known incidents or reported losses on the project?**  Yes  No

- If yes, please provide details: \_\_\_\_\_

**Provide the carrier originally covering the project:** \_\_\_\_\_

**\*\*\*\*Please attach a copy of the prior policy and loss runs if available.**

**VI. Quality Control/Safety Information**

**Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?**  Yes  No

- Who is responsible for managing the program? \_\_\_\_\_
- Briefly describe the program and/or attach a copy of the program. \_\_\_\_\_

**Was a 3<sup>rd</sup> Party Wrap Administrator in place during the original construction?**  Yes  No

- Name of the original Wrap Administrator: \_\_\_\_\_
- Has the decision been made on the prospective Wrap Administrator?  Yes  No
- If yes, please provide details. \_\_\_\_\_

**Was 3<sup>rd</sup> party Quality Control/Quality Assurance (QA/QC) in place during the original construction?**  Yes  No

- If yes, please advise who provided and provide copies of reports if available. \_\_\_\_\_

**Does the Named Insured have a written Site Inspection Program?**  Yes  No

- If yes, please attach or describe. \_\_\_\_\_

**Does the Named Insured have a written Safety Program?**  Yes  No

- If yes, please attach or describe. \_\_\_\_\_

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**VII. Attachments**

- Site Map
- Soils/Geotechnical Report
- Construction Budget for prior and anticipated work
- Property Condition Report
- Loss History for General Contractor
- Copy of Prior Policy
- Copy of Prior Carrier's Loss Runs
- Quality Assurance/Quality Control Information
- Safety Information
- Other

**Note To Applicant, Please Read Carefully:**

The Applicant represents the about statements and facts are true and no material facts have been suppressed or misstated.

Completion if 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, any 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: \_\_\_\_\_

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