



CONSTRUCTION PROJECT SUPPLEMENTAL APPLICATION

BY COMPLETING THIS APPLICATION, THE APPLICANT IS APPLYING FOR COVERAGE WITH **COLONY SPECIALTY INSURANCE COMPANY** OR **PELEUS INSURANCE COMPANY** AN AUTHORIZED SURPLUS LINES INSURER.

Primary Insured Name	
Mailing Address	Website

GENERAL INFORMATION

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

1.		5.	
2.		6.	
3.		7.	
4.		8.	

Are there any requested named insureds?

Yes No

If "Yes", complete the following.

NOTE: The names provided are not automatically approved for Named Insured status, for us to consider each entity we require, at minimum, the following:

- A role and function on the project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insured status).

Entity Name	Role and Function of the entity on the project	Relationship to primary named insured

Project Name:			
Project Address:			
Project Start Date:		Project Completion Date:	
Has financing been secured?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what is the source of financing?	
Name of Audit Contact :			Phone Number:
Mailing Address:			
Name of Loss Control Contact :			Phone Number:
Mailing Address:			
Name of Administrative Contact :			Phone Number:
Mailing Address:			

PROJECT DETAILS

1. Description of the Project (include final use of project):

2. Has any work been already completed on the project? Yes No

If "Yes", complete the following:

- a. When did the work start? _____
- b. What work has been completed to date? _____
- c. What amount of costs has been completed to date? _____
- d. Name of the General Contractor who was responsible for the prior work completed? _____
- e. What carrier (and policy #) provided General Liability coverage for Named Insured during the prior work?

3. Does any of the construction involve the use of EIFS (Exterior Insulation Finish System)? Yes No

4. Does the project require any addition to floors? Yes No

5. Complete the following:

Project Details	# of Units	# of Buildings	# of Stories	Construction Type (wood frame, concrete, etc.)
Single Family Dwellings				
Apartments				
Other*				
*Describe:				

6. Estimated Costs

Estimated Total Field Payroll for project term:	\$
Estimated Subcontracted Costs:	\$
Percentage of work subcontracted out:	%
Estimated Total Construction Cost for Project Term:	\$
Estimated Total Sale Prices for all Units:	\$

Please forward Project Budget -- To include outline of both Hard and Soft costs

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

North: _____

South: _____

East: _____

West: _____

8. Are there any exposures to hillsides, slopes, landfill or other potential subsidence areas? Yes No

If "Yes", describe:

9. Was the site previously developed? Yes No

If "Yes", describe:

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

If "Yes", describe:

11. Describe the type of work to be conducted by your employees.

12. Is there any occupancy at the project site during renovation work?

Yes No

If "Yes", complete the following:

Location	Total # of Units	# of Occupied Units	Explain how the occupants will be kept safe and separate from construction activities

Five (5) year history of loss runs for the occupancy experience should be forwarded

PROJECT TEAM – BACKGROUND/EXPERIENCE

1. **Project Sponsor** (including name, contact, mailing address & phone number):

Describe Sponsor's past residential construction experience:

2. **Project Architect** (including name, contact, mailing address & phone number):

Describe Architect's past residential construction experience:

3. **Project General Contractor** (including name, contact, mailing address & phone number):

Describe General Contractor's past residential construction experience (such as the number and types of residential structures built):

a. Number of years in business: _____

b. Number of years building residential structures: _____

c. General Liability Carrier: _____

d. Total General Liability and Excess limits being required for this job: _____

e. Does the General Contractor's policy contain any restrictions or terms which would limit action over employee injuries which may arise from the New York Labor law? Yes No

f. Does the contract with the General Contractor provide hold harmless, indemnification and Additional Insured status to our Named Insured? Yes No

g. Is the General Contractor, paying all the subcontractors on the project? Yes No

h. Is the General Contractor, contracting all the subcontractors on the project? Yes No

i. Is the General Contractor, supervising all the subcontractors on the project? Yes No

j. Provide seven (7) years of loss history for the General Contractor (attach currently valued company's loss runs):

	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
Current Year					\$
1 st Year Prior					\$
2 nd Year Prior					\$
3 rd Year Prior					\$
4 th Year Prior					\$
5 th Year Prior					\$
6 th Year Prior					\$
7 th Year Prior					\$
Total					\$

k. Large Losses: (losses totaling \$20,000 or more)

Policy Year	Date of Loss	Total Incurred	Open/Closed	Description of Loss
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	
		\$	<input type="checkbox"/> Open <input type="checkbox"/> Closed	

4. Will a Construction Manager be Involved in this project? Yes No

If "Yes", complete the following:

- a. Name of Construction Manager: _____
- b. General Liability Carrier for Construction Manager: _____
- c. General Liability and Excess limits being carried for this project: _____
- d. Role and function of the Construction Manager as it differs from the General Contractor:

SUBCONTRACTORS

1. Will the insured hire any subcontractors directly (other than the General Contractor/ Construction Manager noted above)? Yes No
 If "Yes", complete the following:

- a. Name of subcontractor to be hired directly: _____
- b. List the trades of the subcontractors you use and give the percentage of work they perform (must total 100%):

General Requirements	%	Openings	%	Plumbing	%
Existing Conditions	%	Finishes	%	Electrical	%
Concrete	%	Specialties	%	Communications	%
Masonry	%	Equipment	%	Painting	%
Metals	%	Furnishings	%	Earthwork	%
Wood, Plastics, Composites	%	Fire Suppression	%	Refrigeration	%
Heating, Ventilation, Air Conditioning	%	Exterior Improvements, Landscape, Paving	%	Thermal & Moisture Protection	%

c. General Liability carrier for the subcontractor: _____

d. Do you collect certificates from all subcontractors? Yes No

If "Yes", indicate the minimum limits required:

Occurrence:	\$	General Aggregate:	\$	Product Aggregate:	\$
-------------	----	--------------------	----	--------------------	----

e. Do you require higher limits on certain subcontractors, such as graders, roofers and plumbers? Yes No

If "Yes", indicate the limits: \$_____ What type of subcontractor? _____

f. Do you have a standard formal written contract with subcontractors? Yes No

g. Do you require all subcontractors to name you as an additional insured? Yes No

h. Does your contract with subcontractors include a Type I indemnity agreement and a hold harmless favoring you? Yes No

i. Do you require Waiver of Subrogation endorsement on CGL and WC? Yes No

j. How long do you maintain records of the above documents? _____

k. Describe diary system for certificates of insurance from your subcontractors:

RISK MANAGEMENT

1. Pre-Construction Operations

- a. Are there any known pollution exposures on jobsite? Yes No

If "Yes", describe known pollution exposures on jobsite (include environmental reports):

- b. Were there any significant design or material selection decisions made to prevent claims? Yes No

If "Yes", please provide specific details of such decisions?

- c. Does the General Contractor have a formal subcontractor pre-qualification program? Yes No

If "Yes", please provide specific details of their program?

2. Quality Control Program

- a. 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:

- b. 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:

- c. 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:

3. What percentage of units are to be inspected and how often? _____

3. Safety Program

- a. Does the Named Insured have written safety program? Yes No

If "Yes",

1. Who is designated as the safety manager on site?

Is this person on site full time? Yes No

2. Does the program require that there be scaffolding and fall protection? Yes No

What height requirement is maintained?

3. Does the safety program specifically address:

a) Site Security? Yes No N/A

b) Attractive Nuisance? Yes No N/A

c) Power Lines? Yes No N/A

d) Traffic Control? Yes No N/A

e) Utility Identification? Yes No N/A

- b. Are customers and future customers or other third parties allowed on site? Yes No
If "Yes", what precautions are taken to protect third party visitors?

4. Post Construction Operations

- a. 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? _____

- b. 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? _____

- c. Will the Named Insured provide a Homeowners Manual to each buyer? Yes No

5. Home Warranty Program

- a. Will the Named Insured have a formal customer service department? Yes No

If "Yes",

1. How many years will you have a full time customer service department? _____
2. Who is responsible for customer service? _____
Is this person on site full time? Yes No

3. Does the Named Insured solicit and obtain homeowner surveys? Yes No

If "Yes", briefly describe how survey information is maintained and used:

- b. Will the Named Insured provide each buyer with a Home Warranty? Yes No

If "Yes", 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

- c. Describe how warranty work will be addressed following completion of the project:

1. Who will do the warranty repairs? _____

2. Will there be a database monitoring system for the warranty program? Yes No

If "Yes", briefly describe the system:

6. SB-800 (California Insureds Only)

How are you in compliance with SB-800 in the following areas:

Subcontractor's agreement/contracts: _____

Customer Services: _____

Sales Agreements: _____

Claims Handling: _____

ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE

- 1. Site Map
- 2. Soil/Geotechnical Report (must be less than one (1) year old)
- 3. Construction Budget
- 4. Subcontractors Agreement

FRAUD WARNING

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, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

DO NOT SIGN UNTIL YOU HAVE READ THE CONTENTS OF THIS APPLICATION AND THE FRAUD WARNING.

I have reviewed the contents of this application and with my signature, declare that to the best of my knowledge that all statements herein are true and no material facts have been suppressed or misstated. I am also aware that my operation may be inspected by the Insurance Company.

SIGN AND DATE

APPLICANT'S PRINTED NAME	
APPLICANT'S SIGNATURE	DATE
AGENT OR BROKER'S NAME	LICENSE NO.
AGENT OR BROKER'S SIGNATURE	DATE