



NCC Project Specific Application For Insurance

A. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Project Address: _____

Start Date: _____ Completion Date: _____

Has Financing Been Secured? Yes No

What Is The Source Of Financing ? _____

Audit Contact: _____

Mailing address: _____

Phone number: _____

Loss Control Contact: _____

Mailing address: _____

Phone number: _____

Admin. Contact: _____

Mailing address: _____

Phone number: _____

B. PROJECT DETAILS:

Project Description: _____

| Project Details: | <u># of Units</u> | <u># of Buildings</u> | <u># of Stories</u> | <u>Construction type</u> |
|--------------------------|-------------------|-----------------------|---------------------|--------------------------|
| Single Family Dwellings: | _____ | _____ | _____ | _____ |
| Apartments: | _____ | _____ | _____ | _____ |
| Other: | _____ | _____ | _____ | _____ |

If other, please describe: _____

Estimated total Field Payroll for project term: \$ _____

Estimated Subcontracted Costs: \$ _____

Percentage of work subcontracted out: _____ %

Estimated Construction Cost for project term: \$ _____

Estimated total sale prices for all units: \$ _____

Describe surrounding exposures including proximity of any adjacent structures:

North: _____

South: _____

East: _____

West: _____

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

Description: _____

Was the site previously developed? Yes No

Description: _____

Please be sure to include complete details of any previous site improvements which will be part of the final project.

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

Description: _____

C. PROJECT TEAM – BACKGROUND/EXPERIENCE:

1) Project Sponsor

Name of Sponsor, contact-person, mailing address, and phone number:

Describe past Residential construction experience of the Sponsor:

2) Project Architect

Name of Architect, contact-person, mailing address, and phone number:

Describe Architect's past Residential experience:

3) Project General Contractor

Name of General Contractor, contact-person, mailing address, and phone number:

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

General Contractor – number of years in business: _____

General Contractor – number of years building residential structures: _____

Company Website: _____

D. Subcontractors

Do you hire subcontractors directly? Yes No

If yes, please answer the following questions:

| | | |
|---------------------------|---------------------|------------------------------------|
| Asbestos Abatement _____% | Grading _____% | Street/Road _____% |
| Blasting _____% | HVAC _____% | Supervisor _____% |
| Bridge/Overpass _____% | Insulation _____% | Tanks _____% |
| Carpentry _____% | Lead _____% | Underpinning _____% |
| Concrete _____% | Masonry _____% | Waterproofing _____% |
| Crane Rental _____% | Painting _____% | |
| Demolition _____% | Pile Driving _____% | <i>(Total must add up to 100%)</i> |
| Drywall _____% | Plumbing _____% | |
| EIFS _____% | Roofing _____% | |
| Electrical _____% | Sewer/Water _____% | |
| Excavation _____% | Steel _____% | |
| Fire Sprinkler _____% | (Structural) _____% | |
| Gas Main _____% | Steel _____% | |
| | (ornamental) _____% | |

Do you collect certificates from all subcontractors: Yes No

If yes, what are the minimum limits required? Occ. \$ _____ Gen Agg. \$ _____ Prod. Agg. \$ _____

Do you require higher limits on certain subcontractors, such as graders, roofers and plumbers:

Yes No

I. Do you have a standard formal written contract with subcontractors?

Yes No

II. Do you require all subcontractors to name you as an additional insured?

Yes No

III. Does your contract with subcontractors include a Type I indemnity agreement and a hold harmless favoring you?

Yes No

IV. Do you require Waiver of Subrogation endorsement on CGL and W.C.?

Yes No

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

VI. Describe diary system certificates of insurance from your subcontractors:

E. Safety

1) Pre-Construction Operations

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

If yes, describe known pollution exposures on jobsite (include environmental reports)

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

If yes, please provide specific details of such decisions:

iii. 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

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

If yes:

a) Who is responsible for the program? _____

b) Briefly describe the program and/or attach a copy of the program to the questionnaire:

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

If yes:

a. When are the inspections performed? _____

b. Are surprise inspections conducted? Yes No

c. Who determines the inspection schedule? _____

d. Who conducts the inspections? _____

e. Briefly describe the established criteria for required follow-up:

F. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE:

- 1) Site Map
- 2) Soil/Geotechnical Report (must be less than one year old)
- 3) Construction Budget
- 4) Subcontractors Agreement
- 5) 5 year Loss Runs currently valued no greater than 60 days for the General Contractor
- 6) Resume of Principles



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 ISSU- ANCE. 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 COM- PANY 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: _____