



*Please visit www.allrisks.com/submit-a-risk or contact your current All Risks, Ltd. producer to submit applications.

New York Project Specific Application For Insurance

1. Named Insured(s): _____
2. Name of Principal(s): _____
3. Mailing Address: _____
4. Project Name: _____
5. Project Address: _____
6. Project Start Date: _____ Project Completion Date: _____
7. Project Website: _____ Insured's Website: _____
8. Name of Audit Contact, mailing address & phone number: _____
9. Name of Loss Control Contact, mailing address & phone number: _____
10. Insured's Role in Project:
 General Contractor % Subcontractor % Owner % Construction Manager %

11. Project Information

Project Description: _____

Project Details:

Project Details	# of Units	# of Buildings	# of Stories	Total Sq. Ft	Type of Construction
Single Family Dwellings					
Condominiums:					
Apartments:					
Commercial/Retail:					
Other					
If Other, please describe:					

12. Exposures

Field Payroll	Subcontracted Costs	% of Subcontracted Work	Total Construction Cost	Total Sales
\$	\$	%	\$	\$

Construction Cost definition: 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 the work; and (2) all fees, bonuses or commissions made, paid or due.

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

Direction from Project	Description:	Underpinning Required?
North:		<input type="checkbox"/> Yes <input type="checkbox"/> No
South:		<input type="checkbox"/> Yes <input type="checkbox"/> No
East:		<input type="checkbox"/> Yes <input type="checkbox"/> No
West:		<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Do you hire subcontractors directly? Yes No *If yes, please answer the following questions:*

List the percentage of work performed by subcontractors:

<u>Asbestos Abatement</u>	_____ %	<u>EIFS</u>	_____ %	<u>Masonry</u>	_____ %	<u>Steel (Ornamental)</u>	_____ %
<u>Blasting</u>	_____ %	<u>Excavation</u>	_____ %	<u>Painting</u>	_____ %	<u>Steel (Structural)</u>	_____ %
<u>Bridge/Overpass</u>	_____ %	<u>Fire Sprinkler</u>	_____ %	<u>Pile Driving</u>	_____ %	<u>Street/Road</u>	_____ %
<u>Carpentry</u>	_____ %	<u>Gas Main</u>	_____ %	<u>Plastering</u>	_____ %	<u>Supervisor</u>	_____ %
<u>Concrete</u>	_____ %	<u>Grading</u>	_____ %	<u>Plumbing</u>	_____ %	<u>Tanks</u>	_____ %
<u>Crane Rental</u>	_____ %	<u>HVAC</u>	_____ %	<u>Roofing</u>	_____ %	<u>Underpinning</u>	_____ %
<u>Demolition</u>	_____ %	<u>Insulation</u>	_____ %	<u>Sewer/Water</u>	_____ %	<u>Waterproofing</u>	_____ %
<u>Drywall</u>	_____ %	<u>Lead</u>	_____ %				

25. Do you require written contractual agreements from all subcontractors? Yes No
 If yes, do you use the same wording for all contracts? Yes No
 If they vary, please describe: _____

26. Does the subcontractor contract require the following:

Broad Hold Harmless in your favor? Yes No

Additional Insured Status in your favor? Yes No

Primary/Non-Contributory wording in your favor? Yes No

What are the minimum limits required? _____

Will you hire Demolition Contractors? Yes No

If yes, what limits will you require they carry? _____

Will you use a Crane? Yes No

If yes, what limits will be required? _____

What sort of Crane will be used? _____

Who is the individual responsible for reviewing and accepting subcontractor's Certificates of Insurance, Contracts, and Policies? _____

27. Do you hire any Day Laborers or Casual Laborers? Yes No
 If Yes, please provide annual estimated expenditures: \$ _____

28. Do you have a formal safety program in operation? Yes No

29. Do you have formal safety meetings? Yes No
 If so, how often are these held? _____

30. Have you ever been involved in or are you aware of any pending litigation concerning construction defect?
 If yes, please explain: _____

31. **LOSS HISTORY** - Indicate all claims or occurrences that may give rise to claims for the prior 5 years:

Policy Period	# of Claims	Incurred Losses	Exposure	Valuation Date	Insurance Carrier
Totals		\$			

(Note: Incurred Losses = Expense + Paid + Reserved. "See attached loss runs" – **NOT ACCEPTABLE**)

Along with this questionnaire, you must include the following:

1. 5 year Loss Runs currently valued no greater than 60 days for the General Contractor
2. Site Map
3. Soil/Geotechnical Report
4. Construction Budget
5. Proposed Subcontractors Agreement
6. Resume of Principals

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL 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: Name and Title: _____ Date: _____