



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

Owners Interest Questionnaire

Primary Insured Name: _____

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

Any other requested Named Insured?

Yes No

If yes, please 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 Insurance status)

Entity Name	Role and Function of the Entity on the Project	Relationship to Primary Named Insured

Project Address(es): _____

Scope of Work Summary: _____

Term of Project: _____

End use of the Project: (i.e. Condo, Apt., Coops, Office, etc.): _____

Project Hard Costs: _____

Please forward Project Budget – To include outline of both Hard & Soft costs

OCCUPANCY

- 1. Will there be any occupancy during the project term? Yes No
- 2. Is coverage for occupancy desired? Yes No
 - If yes, complete the following:
 - a. Location: _____
 - b. Type of occupancy: Commercial (provide details): _____
 Residential
 - c. Total # of Units/Square Footage: _____
 - d. Total # of Occupied Units/Square Footage: _____
 - e. Any losses in the past 5 years? Yes No
If yes, please attach loss runs.
 - f. Tenants and workers use separate entry/stairwells? Yes No
 - g. Provide safety precautions to protect tenant access within building.
- 3. Please complete the following for what is in place at the location to protect its occupants from trespassers:
 - a. Are there security personnel at the location? Yes No
 - b. Is there a doorman or similar individual to check access credentials? Yes No
 - c. Are there security cameras in place at the location? Yes No
 - d. Is access to the building limited via keys or card access? Yes No

DEMO

- 1. Will there be any demolition of exterior walls or roofs? Yes No
 - If yes, complete the following:
 - a. Name of Demolition Contractor: _____
 - b. Total Demolition Costs: \$ _____
 - c. How long will demolition last: _____
 - d. General Liability Carrier: _____
 - e. Total General Liability and Excess limits being required for this job: \$ _____
 - f. What entity is contracting with and signing contracts with the Demolition Contractor:

 - g. Provide safety precautions in place to protect pedestrians: _____

GENERAL CONTRACTOR

- 1. Provide the following information regarding the General Contractor (GC) being hired:
 - a. Name of selected GC: _____
 - b. General Liability Carrier: _____
 - c. Total General Liability and Excess limits being required for this job: \$ _____
 - d. Does the contract with the selected GC provide hold harmless, indemnification and Additional Insured status to our Name Insured? Yes No
 - e. Is the selected GC, paying all the subs on the project? Yes No
 - f. Is the selected GC, contracting all the subs on the project? Yes No
 - g. Is the selected GC, supervising all the subs on the project? Yes No
- 2. 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 selected GC: _____

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

If yes:

a. When did work start: _____

b. What work has been completed to date: _____

c. What amount of costs have been completed to date: \$ _____

d. Name of the General Contractor who was responsible for the prior work completed: _____

e. What carrier (and policy #) provided GL coverage for Named Insured during the prior work?

Carrier: _____ Policy Number: _____

4. Will the insured hire any subcontractors directly – other than the General Contractor/Construction Manager noted above? Yes No

If yes, please complete the following:

Name of subcontractor to be hired directly	What work will the subcontractor be hired to perform?	Amount of the contract the subcontractor will be awarded	General Liability carrier for the subcontractor

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

GENERAL FRAUD STATEMENT (Not applicable in all states)

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.

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE