



\*Please visit [www.allrisks.com/submit-a-risk](http://www.allrisks.com/submit-a-risk) or contact your current All Risks, Ltd. producer to submit applications.

### Project Specific Application

#### GENERAL INFORMATION:

Named Insured (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Name City/State/Zip

Project Named & Address: \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project Completion Date: \_\_\_\_\_

Has the financing been secured?  Yes  No

If yes, what is the source of financing? \_\_\_\_\_

Name of Audit Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Name City/State/Zip

Name of Loss Control Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Name City/State/Zip

Name of Administrative Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Name City/State/Zip

#### PROJECT DETAILS:

- 1. Any construction to involve use of EIFS (Exterior Insulation Finish System)?  Yes  No
- 2. Pex or Kitec piping to be used?  Yes  No
- 3. Has any work begun at the project site?  Yes  No
- 4. Is it all new ground-up construction?  Yes  No

Project Description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Estimated total Field Payroll (for all contractors) for project term: \$ \_\_\_\_\_

Estimated total sale prices for all units: \$ \_\_\_\_\_

Estimated total Construction Cost for project term: \$ \_\_\_\_\_

The total cost of all work let or sublet in connection with each covered project including: The cost of all labor, materials, services, and equipment furnished, used or delivered for use in the execution of the work and all bonuses or commissions

\*Do not include the cost of the land, financing (including lender's fees), insurance charges and permit fees

**Describe surrounding exposures including proximity of any adjacent structures:**

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

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

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

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

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

If yes, please describe: \_\_\_\_\_

Was the site previously developed?  Yes  No

If yes, please describe (Please include complete details of any previous site improvements which will be party of the final project): \_\_\_\_\_

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

If yes, please describe how the demolition will be conducted including the number of buildings/stories: \_\_\_\_\_

Is the Wrap-Up coverage to apply for demolition operations?  Yes  No

**PROJECT TEAM – BACKGROUND/EXPERIENCE**

**A. Project Sponsor**

Name of Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name

City/State/Zip

Describe past residential construction experience of the sponsor: \_\_\_\_\_

**B. Project Architect**

Name of Architect: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name

City/State/Zip

Describe past residential construction experience of the architect: \_\_\_\_\_

**C. Project General Contractor**

Name of Sponsor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Name

City/State/Zip

General Contractor License Number: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Describe past residential construction experience of the sponsor (please include number of years in business):

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Please provide 7 years of loss history (attach currently valued company's loss runs):

	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
Current Year					
1 <sup>st</sup> Prior Year					
2 <sup>nd</sup> Prior Year					
3 <sup>rd</sup> Prior Year					
4 <sup>th</sup> Prior Year					
5 <sup>th</sup> Prior Year					
6 <sup>th</sup> Prior Year					
7 <sup>th</sup> Prior Year					
8 <sup>th</sup> Prior Year					
9 <sup>th</sup> Prior Year					
<b>Total(s):</b>					\$

\*Note: Incurred Losses = Expense + Paid + Reserved.

Large Losses: (Each Loss \$20,000 and Greater)

Policy Year	Date of Loss	Total Incurred	Open/Closed	Description of Loss
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		
		\$		

## RISK MANAGEMENT

### A. Pre-construction Operations

- Are there any known pollution exposures on jobsite?  Yes  No  
If yes, describe known pollution exposures on jobsite (include environmental reports): \_\_\_\_\_  
\_\_\_\_\_
- Were there any significant design or material selection decisions made to prevent claims?  Yes  No  
If yes, please provide specific details of such decisions: \_\_\_\_\_  
\_\_\_\_\_
- Does the General Contractor have a formal subcontractor pre-qualification program?  Yes  No  
If yes, please provide specific details of their program: \_\_\_\_\_  
\_\_\_\_\_
- Please describe how you plan to address construction defect complaints from the buyers of your units throughout the state statute of repose: \_\_\_\_\_  
\_\_\_\_\_

### B. Quality Control Program

- Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?  Yes  No  
If yes:
  - Who is responsible for managing the program? \_\_\_\_\_

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

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2. 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: \_\_\_\_\_

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3. Does the Named Insured have an Independent Inspections/Assessments performed?  Yes  No

If yes:

a. Who is providing the service? \_\_\_\_\_

b. Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire:

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c. What percentage of units are to be inspected and how often? \_\_\_\_\_ %

### C. Safety Program

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

If yes:

a. Who is designated as the safety manager on site? \_\_\_\_\_

Is this person on site full time?  Yes  No

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

What height requirement is maintained? \_\_\_\_\_

c. Does the safety program specifically address:

Site Security  Yes  No  N/A

Attractive Nuisance  Yes  No  N/A

Power Lines  Yes  No  N/A

Traffic Control  Yes  No  N/A

Utility Identification  Yes  No  N/A

2. Are customers and future customers or other third parties allowed on site?  Yes  No

If yes, please describe the precautions taken to protect third party visitors: \_\_\_\_\_

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### D. Post Construction Operations

1. Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?  Yes  No

If yes:

a. Who conducts these inspections? \_\_\_\_\_

b. Are these final inspections documented?  Yes  No

c. How long is documented maintained? \_\_\_\_\_

2. Does the Named Insured conduct walk through inspections with the buyers?  Yes  No

If yes:

a. Who conducts these inspections? \_\_\_\_\_

b. Is a checklist used?  Yes  No

c. How long is documented maintained? \_\_\_\_\_

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

**E. Home Warranty Program**

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

If yes:

a. How many years will you have a full time customer service department: \_\_\_\_\_

b. Who is responsible for customer service: \_\_\_\_\_

Is this person on site full time?  Yes  No

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

If yes, briefly describe how survey information is maintained and used: \_\_\_\_\_

\_\_\_\_\_

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

If yes:

a. 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

3. Describe how warranty work will be addressed following completion of the project: \_\_\_\_\_

a. Who will do the warranty repairs: \_\_\_\_\_

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

If yes, briefly describe the system: \_\_\_\_\_

\_\_\_\_\_

**ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE:**

- Site Map
- Soil/Geotechnical Report (must be less than one year old)
- Construction Budget

**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 & Title: \_\_\_\_\_

Signature of Producer: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_