



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

Wrap-Up Application for Insurance

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):

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 st Prior Year | | | | | |
| 2 nd Prior Year | | | | | |
| 3 rd Prior Year | | | | | |
| 4 th Prior Year | | | | | |
| 5 th Prior Year | | | | | |
| 6 th Prior Year | | | | | |
| 7 th Prior Year | | | | | |
| 8 th Prior Year | | | | | |
| 9 th Prior Year | | | | | |
| Total(s): | | | | | \$ |

*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:

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: _____

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:

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: _____

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: _____