



INSURANCE INNOVATORS INCORPORATED

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Wrap-Up Application For Insurance

I. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Project Name & Address: _____

Project Start Date: _____

Project Completion Date: _____

Has Financing Been Secured? Yes No

What Is The Source Of Financing? _____

Name of Audit Contact, mailing address & phone number: _____

Name of Loss Control Contact, mailing address & phone number: _____

Name of Administrative Contact, mailing address & phone number: _____

II. PROJECT DETAILS:

Describe the project:

Provide the type of construction projected:

	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u>
Single Family Dwellings:	_____	_____	_____	_____
Townhouses:	_____	_____	_____	_____
Condominiums:	_____	_____	_____	_____
Apartments:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please describe:

Estimated total sale prices for all units: \$ _____

Estimated total Field Payroll for project term: \$ _____

Estimated total Construction Cost for project term: \$ _____

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.

Describe surrounding exposures including proximity of any adjacent structures:

Describe the area/topography & exposure to hillsides:

Is the land undeveloped? If not, provide complete details of any previous site improvements which will be part of the final project?:

Describe any planned demolition activity of existing structures:

III. BACKGROUND/EXPERIENCE OF SPONSOR/PROJECT MANAGER/GENERAL CONTRACTOR:

Describe past Residential Construction/Development experience/expertise of the Sponsor:

Name of Architect, contact person, mailing address, phone number, and their respective Residential Construction experience:

Name of General Contractor, contact person, mailing address, phone number, and their respective Residential Construction experience:

For the GC, provide 7 years of loss history (attach currently valued company's loss runs):

Loss History

	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					
Totals:					\$

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

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

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

(Note: "See attached loss runs" – NOT ACCEPTABLE)

IV. RISK MANAGEMENT:

A. Pre-Construction Operations

1. Does the Named Insured conduct Phase I Environmental studies on job locations prior to building?
 Yes No
2. Were there any significant design or material selection decisions made to prevent claims? Yes No
 a) If yes, please provide specific details of such decisions? _____
3. Does the General Contractor have a formal subcontractor pre-qualification program? Yes No
 a) If yes, please provide specific details of their program? _____

B. Quality Control Program

1. 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 managing the program? _____
 b) Briefly describe the program and/or attach a copy of the program to this questionnaire:

2. Does the Named Insured have a written procedure requiring videos and/or photos to be taken during construction?
 Yes No If yes:
 a) Who is responsible for managing the program? _____
 b) Please attach a copy of this program to this questionnaire including frequency, logging procedures and retention/archive practices.
3. 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) Describe the established criteria for required follow-up: _____

4. Does the Named Insured have any Independent Inspections/Assessments performed? Yes No If yes:
- a) Who is providing this 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?

5. Does the Named Insured generate project or home specific reports during construction? Yes No If yes:
- a) Briefly describe the types or reports generated: _____
- b) Who generates these reports? _____
- c) Who monitors these reports? _____
- d) Are there established procedures for handling these reports, including follow-up procedures on identified issues? Please explain? _____

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? _____
- (1) Is this person on site full time? Yes No
- b) Does the program require that there be scaffolding and fall protection? Yes No
- (1) What height requirement is maintained? _____
- c) Does the safety program specifically address:
- (1) Site Security? Yes No Not Applicable
- (2) Attractive Nuisance? Yes No Not Applicable
- (3) Power Lines? Yes No Not Applicable
- (4) Traffic Control? Yes No Not Applicable
- (5) Utility Identification? Yes No Not Applicable
2. Are customers and future customers or other third parties allowed on site? Yes No If yes,
- a) What precautions are 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 documentation 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 documentation maintained? _____
3. Does the Named Insured provide a Homeowners Manual to each buyer? Yes No
4. Does the Named Insured have a formal customer service department? Yes No If yes,
- a) Who is responsible for customer service? _____
- (1) Is this person on site full time? Yes No

- b) Does the Named Insured solicit and obtain homeowner surveys? Yes No If yes,
 (1) Briefly describe how survey information is maintained and used. _____

E. Home Warranty Program

1. Shall the Named Insured provide each homeowner an Insured Home Warranty? Yes No If yes,
 a) Who is the insurer? _____
 b) What is the duration of these policies? _____
 c) Are these policies renewable by the dwelling owner? _____
2. Who is responsible for monitoring the warranty program
 a) Is there a database monitoring system for the warranty program? Yes No If yes,
 (1) Briefly describe the system. _____
 b) Who does warranty repairs? _____

V. 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. A copy of the General Contractor's most current audited (if available) financial statement:
5. A copy of the General Contractor's standard subcontract agreement to be used for this project
6. Attach a copy of Home Warranty Policy.

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT 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: _____ Date: _____

Name and Title: _____