



Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_

Address of Project \_\_\_\_\_

Section I - Project Information

Start date \_\_\_\_\_ Completion date \_\_\_\_\_ Occupancy upon completion \_\_\_\_\_

No. of stories \_\_\_\_\_ Square footage \_\_\_\_\_ Construction type \_\_\_\_\_

New ground-up construction? YES  NO

Addition or renovation? YES  NO

Will the building be gutted? YES  NO

Will the building be occupied during the renovation? YES  NO

If occupied during renovation, describe precautions taken to safeguard tenants \_\_\_\_\_

Total cost of the project \$ \_\_\_\_\_ Deductible \$ \_\_\_\_\_

Value of existing building \$ \_\_\_\_\_ Building value upon completion \$ \_\_\_\_\_

Describe how the project will be funded and indicate whether it is fully funded \_\_\_\_\_

List adjacent exposures and occupancies \_\_\_\_\_

Is the construction site fenced? YES  NO

Is there an operational central station alarm? YES  NO

Is there lighting in and around the construction site? YES  NO

Is a watchman service on premises during non-working hours? YES  NO

Are there fire extinguishers on the job site? YES  NO

Will the insured act as their own general contractor? YES  NO

If yes, please describe the work being performed \_\_\_\_\_

Any self-performed work (not acting as the general contractor)? YES  NO

If yes, please describe the work \_\_\_\_\_

Will the insured use volunteers for this project? YES  NO

If yes, please describe their duties \_\_\_\_\_

Section II - General Contractor Information

Name of general contractor \_\_\_\_\_

Will the named insured be acting as their own general contractor? YES  NO

Has the general contractor engaged in this type of work before? YES  NO

Does the general contractor have any judgments or suits pending? YES  NO

Has the general contractor been cited for any OSHA violations within the last 4 years? YES  NO

Has the general contractor had any loss greater than \$25,000 on a project in the last 5 years? YES  NO

If yes, please attach additional details. \_\_\_\_\_

Does the general contractor have a written safety program in place in compliance with OSHA? YES  NO

Are all subcontractors on the project licensed? YES  NO

Are all subcontractors on the project fully insured? YES  NO

Will the insured be named as an additional insured on the contractor's policy(s)? YES  NO

Is there a waiver / hold harmless clause in the construction contract in the applicant's favor? YES  NO

Will your organization use volunteer workers? YES  NO

If yes, indicate number of volunteers and describe duties \_\_\_\_\_

Are volunteers covered by Workers' Compensation?

YES  NO

Does your organization check for Workers' Compensation coverage, including those who participate in the project on-site and off-site:  
(includes the general contractor and all subcontractors)?

YES  NO

Are there any architects or engineers involved in this project?

YES  NO

Name(s) and Address of firm \_\_\_\_\_  
\_\_\_\_\_

If so, do they have their own GL and professional coverage?

YES  NO

Will the insured be named as an additional insured on the architect's or engineer's policy?

YES  NO

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Print) \_\_\_\_\_ Title \_\_\_\_\_