



**GROUND UP COURSE OF CONSTRUCTION APPLICATION FORM**

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

**ELIGIBILITY QUESTIONS**

1. In which state is the property to be insured: \_\_\_\_\_

2. Please confirm the type of property to be insured:                      Residential          Commercial          Farm          Other

3. Has the applicant had any policy of property insurance refused, cancelled or non-renewed in the past 3 (three) years? (other than vacancy) Yes      No

4. Has the applicant been a member of a professional organization or association that is a member of the International Brotherhood of Builders of America (IBBA)? Yes      No

5. Is the property subject to any mortgage foreclosure proceedings, tax liens or tax delinquencies?

6. Is the property to be insured subject to more than two (2) mortgages or other encumbrances, OR one (1) mortgage provided by an individual or entity other than a financial institution?

7. Is the new construction located in a high crime neighbourhood?

8. Will the new structure exceed 3 (three) stories or 20,000 square feet?

9. Has the construction work already begun? Yes      No

10. Does the new construction involve: (1) one or more parts of a structure being raised, elevated or lifted; (2) one or more parts of a structure built with an open pier or a stilt; (3) a structure that is modular or manufactured; or (4) a structure that is a mobile home, a dome home, a row home, a town home, a "green" home, a unique home, an earth home, an experimental home or any other non-conventional home?

11. Does the construction work involve any of the following: demolition or underpinning of an existing building or structure, lead, asbestos or other pollutant abatement?

12. Is the property to be insured located in a landslide area, forest fire area, or brush fire area with less than 200 feet of brush clearance?

13. Does the applicant own the property to be insured? Yes      No

14. Is the applicant acting as Contractor? Yes      No

15. Are all relevant permits in place and is the Contractor licensed? Yes      No

16. Do you presently possess a written contract with the Contractor that the Contractor has executed? Yes      No

17. Are there any agreements (including but not limited to hold harmless, waivers of subrogation or any other contractual provision) in place which would relieve any contractors or workers on the project from liability? Yes      No

18. Are there any documents providing a breakdown of the projected cost of the work? Yes      No

19. Does the Contractor carry commercial general liability insurance coverage with a minimum occurrence limit of \$1,000,000? Has the Contractor provided a certificate of insurance and proof that insurance is in effect for the work to be performed for the applicant? Yes      No

20. Is the applicant named as an Additional Insured on Contractor general liability policy? Yes      No

21. Will the property be secured against unauthorized entry throughout the policy period when the property is unattended? Yes      No

22. Is the applicant performing any of the work? Yes      No

23. Is the property a community association entity -- such as a homeowners, co-operative or condominium association, or its board of directors -- of four or more units? Yes      No

24. Has the project already started? Yes      No

25. Did the project start within the last 30 days? Yes      No

**APPLICANT DETAILS**

Name and Mailing Address of Applicant: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Address of Property to be Insured: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

Name and Address of Retail Broker: \_\_\_\_\_

State \_\_\_\_\_ Zip code \_\_\_\_\_

**CONTACT DETAILS**

Contact Name \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

**COVERAGE AND PROPERTY DETAILS**

- 26. Period of Insurance: 3 Months      6 Months      9 Months      Annual      27. Enter Protection Class: \_\_\_\_\_
- 28. Completed Value of newly constructed building (100% Co-insurance)? \_\_\_\_\_
- 29. Total Square Footage of newly constructed building: \_\_\_\_\_
- 30. Construction Type      Fire Resistive      Frame      Joisted Masonry      Masonry Non Combustible      Modified Fire Resistive      Non Combustible
- 31. Are there any Other Structures to be insured: Yes      No      31a. Value of Other Structure(s) to be insured: \_\_\_\_\_
- 31b. Please Provide a brief description about the other structures: \_\_\_\_\_      32. Number Of Floors: \_\_\_\_\_
- 33. Wind Hail Deductible per occurrence:      \$2,500      \$5,000      \$7,500      \$10,000      \$15,000      \$25,000
- 34. All Other Perils Deductible:      \$2,500      \$5,000      \$7,500      \$10,000      \$15,000      \$25,000
- 35. Type of Quote:      Basic      Special      36. Basis of Loss Settlement:      ACV      RCV
- 37. Estimated Renovation or Construction Work Project Costs: \_\_\_\_\_
- 38. Description of New Construction Works \_\_\_\_\_
- 39. What is the CGL Limit carried by the Contractor:      300k      500k      1m      40. Is Vandalism and Malicious Mischief cover required: Yes      No
- 41. Do you wish to buy coverage for Theft of Building Materials: Yes      No
- 42. Is the property properly secured against unauthorized entry? Yes      No
- 43. Please select a Theft of Building Materials Limit: \$25,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$250  
\$50,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$500
- 44. Is TRIPRA coverage required: Yes      No      45. Premises Liability: Yes      No
- 46. Premises Liability Limits: \$100,000/\$200,000      \$300,000/\$600,000      \$500,000/\$1,000,000      \$1,000,000/\$2,000,000
- 47. Please select type of Security at Location to be insured: Fenced and/or Gated      Guarded      Automatic Sprinkler System  
Active Central Station Fire Alarm      Active Central Station Burglar Alarm      Lighting on property location      None
- 48. Have there been any insured or uninsured losses at the location where the new construction is planned to be insured? Yes      No  
Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: \_\_\_\_\_
- 49. Prior use of Land, when last occupied: \_\_\_\_\_
- 50. If required, please enter details of Additional Insured: \_\_\_\_\_

**DECLARATION**

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature \_\_\_\_\_ Retail Broker's Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_