



PROJECT SPECIFIC SUPPLEMENTAL APPLICATION

Directions for completing this application:

Answer all questions. If the answer to any question is **NONE**, please state **NONE**.
The term "will you" in a question means until the expiration date of the policy.
Application must be signed and dated by owner, partner, or officer.
PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.

APPLICANT INFORMATION

Name of Applicant:	
DBA:	
Mailing Address:	
Phone Number:	

PROJECT

1. Please provide the following information:

Project Name:	
Estimated Project Start Date:	
Estimated Project Completion Date:	
Term of Project:	
Project Address:	
Project Costs:	
Percentage of Work Subcontracted:	
Subcontractor Costs:	
Scope of Work:	
End use of the Project:	

2. Describe the surrounding exposures including proximity to any adjacent structures:

North:	
South:	
East:	
West:	

3. Are there any exposures to hillsides, slopes, landfills or other potential subsidence areas? Yes No

If yes, please provide details:

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

If yes, please provide details:

JOB SITE SECURITY

1. Is there a written safety program in place? Yes No
2. Does the project site have any of the following:

Security Measures	Yes	No
Is the perimeter of the site securely fenced?		
Are there clearly defined access points to the site?		
Is the site adequately lit at night, especially around entry points and storage areas?		
Is there on-site security?		
Are security cameras installed around the site?		

Description of any other Safeguards surrounding the project area:

GENERAL CONTRACTOR

1. Please provide the following information:

Name of General Contractor:	
Number of years in business:	
Contractor License #:	
General Liability carrier and limits:	
Excess Liability carrier and limits"	

2. Does the contract with the General Contractor provide hold harmless, indemnification, and Additional Insured status to the insured? Yes No
3. Is the General Contractor contracting, supervising, and paying the subcontractors on the project? Yes No
4. Does the General Contractor have a standard formal written contract with subcontractors? Yes No
5. Does the General Contractor require all subcontractors to name them as an additional insured? Yes No
6. Are Certificates of Insurance obtained from all subcontractors? Yes No

If yes, what are the minimum limits required?

PRIOR WORK

1. Has any work already been completed on the project? Yes No

If yes, complete the following:

When did work start?	
What work has already been completed to date?	
Total Costs completed to date?	
Name of the General Contractor who was responsible for the prior work completed?	
Name of the General Liability carrier for the Named Insured during the prior work?	

ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS APPLICATION

1. **If the applicant is seeking coverage as a General Contractor or Owner/GC – Attach a copy of the contract used with subcontractors AND (5) year hard copy loss runs from the General Contractor.**
2. **Site map**
3. **Applicable Resumes**

REPRESENTATION STATEMENT

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued based on and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately. The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Print Name of Applicant:	
Applicant Signature:	
Title (Owner, Officer, Partner):	
Date:	

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY

FRAUD WARNINGS

FRAUD STATEMENTS FOR APPLICANTS IN STATES NOT LISTED BELOW: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

ALABAMA: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.”

ALASKA: “A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.”

ARIZONA: “For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.”

ARKANSAS: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

CALIFORNIA: "Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison. For your protection California law requires the following to appear on this form"

COLORADO: “It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard

to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.”

DELAWARE: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.”

DISTRICT OF COLUMBIA: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

FLORIDA: “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.”

IDAHO: “Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete or misleading information is guilty of a felony.”

INDIANA: “A person who knowingly and with intent to defraud an insurer, files a statement of claim containing any false, incomplete, or misleading information commits a felony.”

KENTUCKY: “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.”

LOUISIANA: “Any person who knowingly presents a false or fraudulent claim for payment of loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

MAINE: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.”

MARYLAND: “Any person who knowingly or willfully presents a false or fraudulent claim for payment of loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

MINNESOTA: “A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.”

NEW HAMPSHIRE: “Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud as provided in RSA 638:20.”

NEW JERSEY: “Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.”

NEW MEXICO: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.”

NEW YORK: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.”

OHIO: “Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.”

OKLAHOMA: “Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.”

PENNSYLVANIA: “Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.”

RHODE ISLAND: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”

TENNESSEE: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.”

VERMONT: “Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.”

VIRGINIA: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”

WASHINGTON: “It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.”

WEST VIRGINIA: “Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.”