Tellus Edge

# PROJECT SPECIFIC APPLICATION

## Please answer all the following questions completely

**Please submit the following information in addition to this application:**

1. Site Map
2. A copy of the Project Contract and Scope of Work - verifying nature of contracting activities and projected Start and Final Completion Dates.
3. Construction Budget – Confirming the "Total Construction Cost"
4. All Environmental Investigation or Assessment Reports conducted at the project property (i.e., Phase I or II Environmental Assessments, Asbestos / Lead-based Paint Survey, Soil Management Plan, etc.)
5. Recent Soil/Geotechnical Report
6. Currently valued GL, CPL, and Professional Liability Loss Runs for the Primary/General Contractor and Architect.

**THIS APPLICATION MUST BE SIGNED AND DATED BY AN AUTHORIZED OWNER, PARTNER, OFFICER, DIRECTOR, OR RISK MANAGER OF THE FIRST NAME INSURED**

## I. APPLICATION INFORMATION:

| | | | |
|---|---|---|---|
| Named Insured: | | | |
| Mailing Address: | City | State | Zip Code |
| Physical address if different: | City | State | Zip Code |
| Contact Name: | Contact Email: | Contact Phone # | Website address: |
| Is the applicant a subsidiary of another entity ☐ Yes ☐ No<br>If yes, what entity (with full explanation): | | | |
| Company is:<br>☐ Individual ☐ Corporation ☐ LLC ☐ Partnership, ☐ Joint Venture ☐ Other (please describe): | | | |

## II. COVERAGE REQUESTED:

| | | |
|---|---|---|
| ☐ **Project Specific**<br>☐ **OCIP**<br>☐ **CCIP** | | |
| Check the box that applies | ☐ Commercial General Liability | ☐ Occurrence ☐ Claims Made |
| | ☐ Contractors Pollution Liability | ☐ Occurrence ☐ Claims Made |

| | | |
|---|---|---|
| Extended Coverages (Please provide information, full details, to meet requirements) | ☐Primary/Non-Contributory:<br>☐Waiver:<br>☐Notice of Cancellation:<br>☐Named Insureds and Additional Insureds:<br>• Name of Person or Organization:<br>• Interest in Policy (Project Owner, Project Sponsor, General Contractor, Environmental PM, etc.):<br>• Whether Named Insured or Additional Named Insured: | |
| Period of Completed Operations Extension required: | Years: | |
| Limits of Insurance Requested: | Each Occurrence/Claim: $ | Aggregate: $ |
| Deductible/SIR: | $ | |

## III. PROJECT DETAILS:

| | |
|---|---|
| Project Name: | |
| Project Address: | |
| Project Start Date: | |
| Project Completion Date: | |
| Project Owner: | |
| General/Prime Contractor: | |
| Name of Loss Control Contact, Mailing Address, and Phone Number: | |

| | | | | |
|---|---|---|---|---|
| Project Description and Scope of Work: | | | | |
| Habitational project details: | Number of units | Number of buildings | Number of stories | Construction type (Wood Frame, Concrete, etc.) |
| Single family dwellings: | | | | |
| Apartments: | | | | |
| Commercial/Retail | | | | |
| Hotel/Hospitality or Medical | | | | |
| Other: | | | | |
| If other, please describe: | | | | |

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| Any construction to involve use of EIFS (Exterior Insulation Finish System)?<br>☐ Yes<br>☐ No | |
| Estimated total field payroll for project term: | $ |
| Estimated subcontracted costs: | $ |
| Percentage of work subcontracted out: | $ |
| Estimated total construction cost for project term: | $ |
| Estimated total sale prices for all units: (if applicable) | $ |
| Total 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. Do not include: The cost of the land, financing (including lender's fees), insurance charges, or permit fees. | |
| Describe surrounding exposures including proximity of any adjacent structures: | |
| North: | |
| South: | |
| East: | |
| West: | |

| | | |
|---|---|---|
| Are there any exposures to hillsides, slopes, landfills, or other potential subsidence areas?<br><br>If **yes**, explain: | ☐ Yes | ☐ No |
| Was the site previously developed?<br><br>If **yes**, please describe (please be sure to include complete details of any previous site improvements which will be part of the final project): | ☐ Yes | ☐ No |
| Will the project involve any demolition of existing structures?<br><br>If **yes**, description: | ☐ Yes | ☐ No |

| |
|---|
| Describe the type of work to be conducted by your employees: |

## IV. PROJECT TEAM:

| |
|---|
| Project Sponsor Owner:<br>• Name of Sponsor/Owner:<br>• Describe past experience of the Executive Sponsor with similar projects: |
| Project General or Primary Contractor (direct contractual relationship with the client or owner of the project):<br><br>• Name of General or Primary Contractor:<br>• Number of years in business:<br>• Number of years constructing similar projects:<br>• Provide details of past similar construction experience (i.e.: the number and types of similar structures built): |
| ☐Check if not appliable<br><br>Project Environmental Contractor/Engineer<br><br>• Name of Environmental Contractor or Firm:<br>• Number of years in business:<br>• Provide details of past Environmental experience on similar projects (i.e.: the number of years' experience with the specific types of environmental issues facing this project): |

## V. SUBCONTRACTED OPERATIONS:

| List the trades of subcontractors you use and give the percentage of work they perform | | | |
|---|---|---|---|
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| | % | | % |
| What percentage of your work is with repeat subcontractors (vetted/preferred): | | | |

| | | |
|---|---|---|
| Does the applicant require a standard contract with your sub-contractors/independent contractors?<br>☐Yes ☐No (if **no**, please explain) | | |
| General Liability<br>$ | Contractors Pollution Liability<br>$ | Professional Liability<br>$ |

| When hiring subcontractors and/or subconsultants, do you: | | |
|---|---|---|
| Obtain certificates of insurance? | ☐ Yes | ☐ No |
| Do you require a written contract for 100% of subcontractors utilized? | ☐ Yes | ☐ No |
| Confirm all subcontractors are licensed and accredited? | ☐ Yes | ☐ No |
| Allow subcontractors and/or subconsultants to work without providing you with a certificate of insurance? | ☐ Yes | ☐ No |
| Require to be named as an Additional Insured on the subcontractor's and/or subconsultant's policies? | ☐ Yes | ☐ No |
| Obtain Waivers of Subrogation on GL, CPL, and W.C.? | ☐ Yes | ☐ No |
| Obtain Hold Harmless Agreements? | ☐ Yes | ☐ No |
| Verify all hired subcontractors and/or subconsultants carry workers' compensation coverage? | ☐ Yes | ☐ No |
| How long do you maintain records of the above documents?: | | |
| Describe diary system for certificates of insurance from your subcontractors: | | |

## VI. RISK MANAGEMENT:

| **Pre-Construction Operations:** | | |
|---|---|---|
| Are there any known pollution exposures on jobsite?<br><br>If **yes**, describe known pollution exposures on jobsite (include environmental reports): | ☐ Yes | ☐ No |
| Were there any significant design or material selection decisions made to prevent claims?<br><br>If **yes**, please provide specific details of such decisions: | ☐ Yes | ☐ No |
| Does the General Contractor have a formal subcontractor pre-qualification program?<br><br>If **yes**, please provide specific details of specific details of their program: | ☐ Yes | ☐ No |
| | | |

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|---|---|---|
| **Construction Quality Control Program:** | | |
| Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?<br><br>If **yes**, who is responsible for managing the program:<br><br>Briefly describe the program and/or attach a copy of the program to this questionnaire: | ☐ Yes | ☐ No |
| Does the Named Insured have a written Site Inspection Program?<br><br>When are the inspections performed?:<br><br>Are surprise inspections conducted?:<br><br>Who determines the inspection schedule?:<br><br>Who conducts the inspections?:<br><br>Briefly describe the established criteria for required follow-up: | ☐ Yes | ☐ No |
| Does the Named Insured have any Independent Inspections/ Assessments performed?<br><br>Who is providing the service?:<br>Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire:<br><br>What percentage of units are to be inspected and how often: | ☐ Yes | ☐ No |
| **Environmental Information:** | | |
| Is there any known lead or asbestos contamination on the project site?<br><br>If **yes**, please provide details on separate sheet. | ☐ Yes | ☐ No |
| Are there any other known or suspected existing pollution exposures on jobsite?<br><br>If **yes**, please provide details on separate sheet. | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| Are there any Environmental reports for the project site? Or, is a Phase I / Phase II or other environmental site assessment planned<br><br>If **yes**, identify the environmental investigations that have been conducted or are planned: | ☐ Yes | ☐ No |
| Will there be any environmental compliance planning and monitoring programs implemented for use by construction crews on this project?<br><br>If yes, indicate below:<br><br>☐Spill Prevention, Countermeasure and Control Plan (SPCC)<br>☐Erosion and Sediment Control Protocols<br>☐Storm Water Pollution Prevention Plan (SWPPP)<br>☐Wetland Protection and Preservation Policy<br>☐ Dust Control / Mitigation Procedures<br>☐ Soil Management Plan<br>☐ Other, if selected, please describe: | | |
| Is there an environmental consultant managing environmental affairs for this project?<br><br>If **yes**, please identify them | ☐ Yes | ☐ No |
| Are any environmental bonds required for this project? | ☐ Yes | ☐ No |
| Were there any significant design or material selection decisions made to prevent mold claims?<br><br>If **yes**, please provide specific details of such decisions. | ☐ Yes | ☐ No |
| Will there be a Mold Mitigation/Control Plan for this project? | ☐ Yes | ☐ No |
| **Safety Program:** | | |
| Does the Named Insured have a written safety program? | ☐ Yes | ☐ No |
| Who is designated as the safety manager on-site?:<br><br>Is this person onsite full-time? | ☐ Yes | ☐ No |
| Does the program require that there be scaffolding and fall protection?<br><br>What height requirement is maintained?: | ☐ Yes | ☐ No |
| Does the safety program specifically address: | | |
| Site Security | ☐ Yes | ☐ No |
| Attractive Nuisance | ☐ Yes | ☐ No |

| | | |
|---|---|---|
| Power Lines | ☐ Yes | ☐ No |
| Traffic Control | ☐ Yes | ☐ No |
| Utility Identification | ☐ Yes | ☐ No |
| Are customers and future customers or third parties allowed onsite?<br><br>If yes, What precautions are taken to protect third party visitors?: | ☐ Yes | ☐ No |
| **Post-Construction Operations** | | |
| Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?<br><br>Who conducts these inspections?: | ☐ Yes | ☐ No |
| Is a checklist used?<br><br>How long is documentation maintained? | ☐ Yes | ☐ No |
| Will the Named Insured provide a Homeowner's Manual to each buyer? | ☐ Yes | ☐ No |

## VII. CLAIM AND LOSS EXPERIENCE:

(For the General or Primary Contractor and Lead Design Professional – provide 4 years of all MOLD & POLLUTION claim/loss history (and attach currently valued CGL, CPL and Professional loss runs):

| | Policy Period | Insurance Carrier | Valuation Date | Number of Claims | Incurred Losses |
|---|---|---|---|---|---|
| Current Year | | | | | |
| 1st Prior Year | | | | | |
| 2nd Prior Year | | | | | |
| 3rd Prior Year | | | | | |
| 4th Prior Year | | | | | |

## VIII. FRAUD WARNING:

**NOTICE TO ALABAMA APPLICANTS:** 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.

**NOTICE TO ARKANSAS APPLICANTS:** 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.

**NOTICE TO CALIFORNIA APPLICANTS:** For your protection California law requires the following to appear on this form: 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.

**NOTICE TO COLORADO APPLICANTS:** 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 policy holder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claiming 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.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud or deceive any insurance company files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

**NOTICE TO KENTUCKY APPLICANTS:** 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.

**NOTICE TO LOUISIANA APPLICANTS:** 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.

**NOTICE TO MAINE APPLICANTS:** 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 a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a 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.

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

**NOTICE TO NEW MEXICO APPLICANTS:** 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.

**NOTICE TO NEW YORK APPLICANTS:** 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.

**NOTICE TO OHIO APPLICANTS:** 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.

**NOTICE TO OKLAHOMA APPLICANTS: WARNING:** 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.

**NOTICE TO PENNSYLVANIA APPLICANTS:** 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.

**NOTICE TO 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.

**NOTICE TO TENNESSEE APPLICANTS:** 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.

**NOTICE TO VIRGINIA APPLICANTS**: 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.

**NOTICE TO WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits

**NOTICE TO ALL OTHER STATE APPLICANTS:** 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, for the purpose of misleading, conceals information concerning any fact material thereto, may commit a fraudulent insurance act which is a crime in many states.

## IX. REPRESENTATION STATEMENT:

The undersigned authorized officer of the applicant declares that the statements set forth herein are true to the best of his or her knowledge. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance.

Signing of this application does not bind the applicant to the insurer to complete the insurance.

| | |
|---|---|
| Name of Applicant | Title |
| | |

| Signature of Applicant | Date |
| --- | --- |