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Project Specific Application For Insurance

I. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Project Name: _____

Project Address: _____

Project Start Date: _____

Project Completion Date: _____

II. PROJECT DETAILS:

Project Description: _____

<u>Project Details:</u>	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u> (wood frame, concrete, etc.)
Condominiums:	_____	_____	_____	_____
Apartments:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please describe: _____

Estimated total Field Payroll for project term: \$ _____

Estimated Subcontracted Costs: \$ _____

Percentage of work subcontracted out: _____%

Estimated total Construction Cost for project term: \$ _____

Describe surrounding exposures including proximity of any adjacent structures:

North: _____

South: _____

East: _____

West: _____

Are there any exposure to hillsides, slopes, landfill or other potential subsidence areas? Yes No

Description: _____

Was the site previously developed? Yes No

Description: _____

Please be sure to include complete details of any previous site improvements which will be part of the final project.

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

Description: _____

A. Project General Contractor

Name of General Contractor, contact-person, mailing address, and phone number:

List 5 similar jobs completed in the past 5 years:

General Contractor – number of years in business: _____

General Contractor – number of years building residential structures: _____

General Contractor: provide 5 years of loss history (attach currently valued company's loss runs)

B. Subcontractors

Do you collect certificates from all subcontractors: Yes No

If yes, what are the minimum limits required? Occ. \$ _____ Gen. Agg. \$ _____ Prod. Agg. \$ _____

Do you require higher limits on certain subcontractors, such as graders, roofers, and plumbers: Yes No

What limits? _____ What type of sub? _____

a) Do you have a standard formal written contract with subcontractors? Yes No

- b) Do you require all subcontractors to name you as an additional insured? Yes No
- c) Does your contract with subcontractors include an indemnity agreement and a hold harmless favoring you? Yes No
- d) Do you require Waiver of Subrogation endorsement on CGL and W.C.? Yes No
- e) How long do you maintain records of the above documents? _____
- f) Do you have a diary system for certificates of insurance from your subcontractors: Yes No

A. Quality Control Program/Safety Program

- 1. Does the Named Insured have a written Site Inspection Program? Yes No If yes:
- 2. Does the Named Insured have written safety program? Yes No If yes:

II. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE

- 1. Site Plan/ Site Map
- 2. Contract
- 3. Construction Budget
- 4. General Contractor's Website

In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions or master planned residential communities? Yes No

The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion.

Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy.

Signature of Applicant: _____

Name and Title: (Officer, Partner) _____

Date: _____

Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance.