



CARRIER:

[Empty box for carrier information]

Construction and Premises Protective Product

CONSTRUCTION AND PREMISES PROTECTIVE PRODUCT APPLICATION

Please complete all sections of this application and have signed by the applicant. NOTE: Products/Completed Operations will be excluded

Applicant's name (include DBA name): _____

Location address: _____ Same as mailing address

City: _____ State: _____ Zip code: _____

Web address: _____ E-mail address: _____ Phone: _____

Inspection contact name: _____ Phone: _____ E-mail address: _____

Audit contact name: _____ Phone: _____ E-mail address: _____

Form of business: Individual Corporation Partnership LLC Trust Other _____

Description of Operations:

[Empty box for description of operations]

1. Policy term: Three months Six months Nine months Annual

2. Limits desired: \$100,000/\$200,000 \$300,000/\$600,000
 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000

3. Please advise all entities requested to be added as an additional insured on this policy: Not applicable

Complete Name	Address	Interest

4. Loss history (five years):

Details of Project:

5. Project location/address: _____

6. Estimated start date: _____ Estimated completion date: _____

7. Type of project: Residential New construction Renovation of existing building

8. Complete details of project: _____

9. Cost of labor: \$ _____ Cost of materials: \$ _____ Total cost of project: \$ _____

10. If renovation of an existing building:

Total sq. ft. of building: _____ Total sq. ft. of renovation section: _____ Number of stories: _____

11. If new construction:

Total sq. ft. of the proposed building: _____ Number of stories: _____

12. Applicant is: Owner Tenant

13. Name of general contractor: _____

Eligibility

14. No demolition work (except incidental non-load bearing interior work) True False

15. Applicant is the owner or tenant of the property True False

16. No past, pending or planned bankruptcy or judgement for unpaid taxes against the applicant or True False

any officer, partner, member or owner of the applicant individually within the past five years

17. Coverage has not been cancelled or non-renewed in the last three years for any reason other than the building being vacant (not applicable in Missouri) True False
If False, advise reason _____
18. No locations or operations in Alaska, Colorado, Louisiana or West Virginia True False
19. Applicant is not a government entity True False
20. The project has not already commenced (other than site preparations or demolition prior to the inception date of the policy) True False
21. The project does not include the underpinning or shoring of adjacent buildings or structures True False
22. The project does not have a planned duration in excess of 12 months True False
23. If applicant is owner of the property being renovated, the building is 100% vacant Not Applicable True False
24. If tenant of property, applicant will not be conducting operations prior to completion of the project Not Applicable True False
25. Building is not currently damaged (fire or otherwise) True False
26. The building is locked and secured from any unauthorized entry when work is not taking place True False
27. One general contractor is being hired to handle the project True False
28. Applicant is the entity entering into the written contract with the general contractor True False
29. The general contractor is required to carry its own insurance at a minimum of \$1,000,000 per occurrence and \$2,000,000 general aggregate True False
30. The general contractor is required to name the applicant (as well as any additional insureds for this policy) as an additional insured on their policy True False
31. The applicant will maintain current certificates of insurance from the general contractor confirming their status as additional insured along with any other additional insured requested by the applicant True False
32. No more than \$5,000,000 project cost True False
33. Exterior operations up to a maximum of 4 stories or 50 feet from grade level Not Applicable True False
34. The applicant (or their employees/volunteers) will not perform any of the direct labor True False
35. No adding of stories to existing structures True False
36. No blasting operations True False
37. No more than 1,000 acres at any location True False
38. No construction, installation or removal of underground tanks (except residential fuel oil tanks) True False
39. The project is not a tract housing* project True False
**Single family homes or 2-4 family dwellings with more than 5 structures at any single location*
40. No swimming pools True False

Property/Builder's Risk

Is property coverage requested (If yes, please complete the following)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Construction: <input type="checkbox"/> Fire resistive/Modified fire resistive <input type="checkbox"/> Masonry noncombustible <input type="checkbox"/> Noncombustible <input type="checkbox"/> Joisted masonry <input type="checkbox"/> Frame Protection class _____		
Requested cause of loss: <input type="checkbox"/> Basic <input type="checkbox"/> Special		
Requested valuation: <input type="checkbox"/> Replacement Cost <input type="checkbox"/> Actual Cash Value		
Deductible: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000		
Coinsurance: <input type="checkbox"/> 80% <input type="checkbox"/> 90% <input type="checkbox"/> 100%		
What year was the building constructed? _____		
Age of roof _____ Roof type: <input type="checkbox"/> Flat <input type="checkbox"/> Wood shake <input type="checkbox"/> Shingle <input type="checkbox"/> Metal <input type="checkbox"/> Tile <input type="checkbox"/> Slate <input type="checkbox"/> Other _____		
Plumbing type: <input type="checkbox"/> PVC <input type="checkbox"/> Copper <input type="checkbox"/> Lead <input type="checkbox"/> Galvanized <input type="checkbox"/> Other _____		
If renovation of an existing building, what is the existing building value? _____		
Is the building sprinklered? <input type="checkbox"/> Not at all <input type="checkbox"/> Partially <input type="checkbox"/> Fully		
If sprinklered, will the system be operational during construction/renovations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

45. Will any work be done to the structural load bearing members of the existing building? Yes No
46. Have any tenants been evicted from the property in the past 60 days? Yes No
47. Is project on filled land or does any demolition need to be done prior to construction? Yes No
48. Does the project include any large open atriums equaling three stories or more? Yes No
49. Does the project include any tandem crane lifts, high values being lifted by a single crane, underground Yes No

or waterborne exposures?

50. Does the project include any lift- slab or tilt- up construction methods? Yes No
51. Does the scope of the project include work on airport hangers, antennas, barns, bridges, dams, tunnels, inflatable or bubble buildings, greenhouses, silos, mobile homes, waste water treatment plants, chemical/ petroleum/energy/co-generation facilities, tanks, radio, TV or communication towers, signs, underground or waterborne exposures, warehouse or distribution centers over 100,000 square feet? Yes No
52. Is the construction site protected with a locked fence? Yes No
53. Is a watchman on premises 24 hours per day? Yes No

Additional eligibility information

54. No other exposures are contemplated other than the information stated in item #12 True False

If "False," please explain _____

FRAUD STATEMENTS

Alabama, Arkansas, District of Columbia, New Mexico, Rhode Island and 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.

Colorado Fraud Statement: 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

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

Kansas Fraud Statement: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of a crime and may be subject to fines and confinement in prison.

Maine Fraud Statement: 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

Maryland Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Oklahoma Fraud Statement: 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.

Oregon Fraud Statement: Notice to Oregon applicants: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

Kentucky, Pennsylvania AND Ohio Fraud Statement: 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.

Tennessee, Virginia and Washington Fraud Statement: 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.

Fraud Statement (All Other States): 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.

STATE NOTICES

Arizona Notice: Misrepresentations, omissions, concealment of facts and incorrect statements shall prevent recovery under the policy only if the misrepresentations, omissions, concealment of facts or incorrect statements are; fraudulent or material either to the acceptance of the risk, or to the hazard assumed by the insurer or the insurer in good faith would either not have issued the policy, or would not have issued a policy in as large an amount, or would not have provided coverage with respect to the hazard resulting in the loss, if the true facts had been made known to the insurer as required either by the application for the policy or otherwise.

Florida Surplus Lines Notice: (Applies only if policy is non-admitted) You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Florida and Illinois Punitive Damage Notice: I understand that there is no coverage for punitive damages assessed directly against an insured under Florida and Illinois law. However, I also understand that punitive damages that are not assessed directly against an insured, also known as "vicariously assessed punitive damages", are insurable under Florida and Illinois law. Therefore, if any Policy is issued to the Applicant as a result of this Application and such Policy

provides coverage for punitive damages, I understand and acknowledge that the coverage for Claims brought in the State of Florida and Illinois is limited to "vicariously assessed punitive damages" and that there is no coverage for directly assessed punitive damages.

Maine Notice: The insurer is not permitted to withdraw any binder once issued, but a prospective notice of cancellation may be sent and coverage denied for fraud or material misrepresentation in obtaining coverage. A policy may not be unilaterally rescinded or voided.

Minnesota Notice: Authorization or agreement to bind the insurance may be withdrawn or modified only based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days' notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Ohio Representation Statement: By acceptance of this policy, the Insured agrees the statements in the application (new or renewal) submitted to the company are true and correct. It is understood and agreed that, to the extent permitted by law, the Company reserves the right to rescind this policy, or any coverage provided herein, for material misrepresentations made by the Insured. It is understood and agreed that the statements made in the insurance applications are incorporated into, and shall form part of, this policy. **THE INSURED UNDERSTANDS AND AGREES THAT ANY MATERIAL MISREPRESENTATION OR OMISSION ON THIS APPLICATION WILL ACT TO RENDER ANY CONTRACT OF INSURANCE NULL AND WITHOUT EFFECT OR PROVIDE THE COMPANY THE RIGHT TO RESCIND IT.**

Utah Punitive Damages Notice: I understand that Punitive Damages are not insurable in the state of Utah. There will be no coverage afforded for Punitive Damages for any Claim brought in the State of Utah. Any coverage for Punitive Damages will only apply if a Claim is filed in a state which allows punitive or exemplary damages to be insurable. This may apply if a Claim is brought in another state by a subsidiary or additional location(s) of the Named Insured, outside the state of Utah, for which coverage is sought under the same policy.

If your state requires that we have information regarding your Authorized Retail Agent or Broker, please provide below.

Retail agency name: _____ License #: _____

Agent's signature: _____ Main agency phone number: _____
(Required in New Hampshire)

Agency mailing address: _____

City: _____ State: _____ Zip: _____

The signer of this application acknowledges and understands that the information provided in this Application is material to the Insurer's decision to provide the requested insurance and is relied on by the Insurer in providing such insurance. The signer of this application represents that the information provided in this Application is true and correct in all matters. The signer of this Application further represents that any changes in matters inquired about in this Application occurring prior to the effective date of coverage, which render the information provided herein untrue, incorrect or inaccurate in any way will be reported to the Insurer immediately in writing. The Insurer reserves the right to modify or withdraw any quote or binder issued if such changes are material to the insurability or premium charged, based on the Insurer's underwriting guides. The Insurer is hereby authorized, but not required, to make any investigation and inquiry in connection with the information, statements and disclosures provided in this Application. The decision of the Insurer not to make or to limit any investigation or inquiry shall not be deemed a waiver of any rights by the Insurer and shall not estop the Insurer from relying on any statement in this Application in the event the Policy is issued. It is agreed that this Application shall be the basis of the contract should a policy be issued and it will be attached and become a part of the Policy.

Applicant's signature: _____

Title: _____
President, Chairperson of the Board, Managing Member, or Executive Director

Date: _____