



Application for Project-Specific Coverage:

Type of Coverage Requested:

- Project Specific Contractor (Perform)
- Owners Protective (OPUS)
- Excess Follow Form

In Addition to this Signed and Completed Application, please enclose this information:

Architect's and/or Construction Manager's Contract	<input type="checkbox"/>
Certificates of Insurance of Architect and Construction Manager (if OPUS or Design Build)	<input type="checkbox"/>
Detailed Construction Budget	<input type="checkbox"/>
Mold Prevention/Mitigation Plan	<input type="checkbox"/>
Geotechnical Report/Soils Analysis	<input type="checkbox"/>
Quality Control Plan and Procedures	<input type="checkbox"/>

1. Name of insured and all subsidiary companies to be insured under this policy:

a. Insured Address: _____

b. Web Site: _____

c. Main Contact Name: _____

d. Main Contact Phone: _____

2. Description of Project (s):

3. Project Details:

a. Design Start Date: _____

b. Construction Start Date: _____ Construction Completion Date: _____

c. Hard Cost Estimated Construction Values: \$ _____

d. Project Location: _____

e. Project Occupancy or Intended Use _____

f. Project Usable Square Footage: _____

g. Construction Grade:

- i. Commercial Grade
- ii. Podium
- iii. Wood Frame

4. Construction Team and Project Delivery Details:

- a. Describe nature of construction delivery process:



- i. Design/Bid/Build: Yes No
- ii. Design/Build: Yes No
- iii. Construction Management At-Risk Yes No
- iv. General Construction with independent Agency Construction Manager: Yes No
- v. General Construction with no Construction Manager: Yes No
- vi. Integrated Project Delivery (IPD): Yes No
- vii. Public-Private Partnership (P3): Yes No
- viii. Engineer Procure Construct (EPC): Yes No

b. Name of General Contractor or Construction Manager:

c. Explain construction contract terms, i.e. is it cost plus, negotiated, lump sum or hard bid?

d. Is the project (in whole or in part) being delivered on a fast-track basis? Yes No
If yes, please provide what % of design documents are complete at the point construction begins:

e. Is the project employing any prototype, unique, untested or unproven design or construction process? Yes No
If yes, please explain:

f. Is the project employing any Leadership in Environmental Engineering Design (LEED) or any "Green Building" technologies/materials, energy efficiency use or certification? Yes No
If yes, please explain:

g. Describe project related capabilities and experience of the Construction and Design team (where applicable based on coverage requested):

h. Is the construction team selected and engaged for pre-construction: Yes No

i. Is the project employing a Building Information Modeling (BIM) or similar system? Yes No
If yes, please explain control systems in place to safeguard security and coordination and control of design

j. Does the project have any known "environmental problems, concerns or restraints? Environmental problems, concerns or restraints includes but is not limited to: is the project being built on a "Brownfield" or a "Greenfield" site, are there any wet lands restrictions, was the property previously used for any industrial purpose, is there any known asbestos fibers or materials in need of abatement, encapsulation or removal, any noted underground storage tanks? Yes No
If yes, please explain:

k. Is the project employing a "partnering" approach where risks and rewards are being shared fairly among all members? Yes No
If yes, please explain:

l. Discuss preferred and applicable dispute resolutions plans or process, if any:

5. Design Team Section (if coverage is being sought for OPUS or project is Design-Build)

a. Provide name and address of Prime Architect:

b. Please provide information on employed design sub-consultants:

Name of Design Sub	Discipline Performed	Professional Liability Carrier (N/A if certificates of insurance included in submission)	Limits of Professional Liability Coverage Purchased (N/A if certificates of insurance included in submission)
	Prime Architect		
	Architect of Record (if Any)		
	Structural Engineer		
	Mechanical Engineer		
	Electrical Engineer		
	Civil Engineer		
	Geotechnical Engineer		



	Environmental Consultant		
	Project Manager/CM		
	Other		

c. Is the proposed Named Insured employing any other design firm(s) separately from the Prime Architect? Yes
 No

If yes, please provide details:

d. Provide experience and qualification and project related capabilities of design team:
 e. Provide project related experience where design team members have worked together, if any:

6. Construction Team Section (not required for OPUS policy)

- a. Provide Name and Address of Contractor:
- b. Please provide information on employed construction sub-consultants:

Name of Construction Sub	Discipline Performed	Professional Liability/Contractors Pollution Liability Carrier (N/A if certificates of insurance included in submission)	Limits of Professional Liability/Contractors Pollution Liability Carrier Coverage Purchased (N/A if certificates of insurance included in submission)
	Mechanical		
	Electrical		
	Foundation		
	HVAC		
	Curtain Wall		
	Roofing		
	Other		

c. Please explain your change order and payment approval process:
 d. Is the contractor in charge of hiring the design team? Yes No
 e. Discuss your key personnel and their construction project related qualifications, including their roles and authority levels:
 f. Discuss construction dispute resolution plan or process, if any:
 g. Discuss how project funding and finances are being managed:
 h. How are contingencies being planned if project is delayed or exceeds budget?
 i. Are you agreeing to indemnity or hold harmless or release of limitation of liability of any contractor or design firm? Yes No

If yes, please explain

j. Provide project related experience where construction team members have worked together, if any:

7. Contractors Pollution Liability (for you and your Construction team)

- a. Will there be a project specific Contractors Pollution Liability policy placed on this project? Yes No If yes, please provide the following information:

Insurance Carrier	Limits of Liability	Deductible	Effective Date	Retro Date (or N/A if Occurrence trigger)



b. Does any Contractors Pollution Legal Liability Insurance policy (for you or your subs) include any mold exclusions or restrictions? Yes No

If yes, please explain:

8. Claims Information:

a. Have you made a claim or demand against any design firm during the past 5 years? Yes No

If yes, please explain:

b. Do you know of any circumstance, project problem or delay that could reasonably be expected to result in a claim? Yes No

If yes, please explain:

c. Have you made a claim or demand against any Construction Entity for a Contractors Pollution Liability or Mold loss during the past 5 years? Yes No

If yes, please explain:

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT TO COMPLETE THIS INSURANCE

DECLARATION

I declare that the statements and particulars set forth in this application are true and that no material facts have been misstated or suppressed after enquiry. I agree that this application, together with any other information supplied shall form the basis of any contract of insurance effected thereon. I undertake to inform the Insurers of any material alteration to those facts occurring before completion of the contract of insurance. A material fact is one which would influence the acceptance or assessment of the risk.

Signed: _____
 Title: _____
 (to be signed by Authorized Representative of Insured)

Print Name: _____
 Date: _____



FRAUD NOTICE

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 may be guilty of a crime and may be subject to fines and confinement in prison.

STATE SPECIFIC PROVISIONS

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	For your protection California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
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 from 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	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.
Florida	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.
Hawaii	For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.
Idaho	Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement of claim 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	<p>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.</p> <p>Any person who knowingly and with intent to defraud any insurance company or other person files a 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.</p>
Louisiana	<p>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.</p>
Maine	<p>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.</p>
Maryland	<p>Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
Minnesota	<p>A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</p>
New Hampshire	<p>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.</p>
New Jersey	<p>Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p> <p>Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
New Mexico	<p>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.</p>
New York	<p>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.</p>
Ohio	<p>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.</p>
Oklahoma	<p>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.</p>
Oregon	<p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.</p>



In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that:

- A. The misinformation is material to the content of the policy;
- B. We relied upon the misinformation; and
- C. The information was either:
 - 1. Material to the risk assumed by us; or
 - 2. Provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions, or concealments on your part must either be fraudulent or material to our interests.

With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional.

Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

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.

Puerto Rico

Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

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.

Texas

Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

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.



NORTH DAKOTA SURPLUS LINES NOTICE

Notice: 1. an insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payment as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines producers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance producer or surplus lines producer. You may also contact your insurance department consumer help line.

Signed: _____

Title: _____

(to be signed by Authorized Representative of Insured)

Print Name: _____

Date: _____



RHODE ISLAND SURPLUS LINES NOTICE

NOTICE

THIS INSURANCE CONTRACT HAS BEEN PLACED WITH AN INSURER NOT LICENSED TO DO BUSINESS IN THE STATE OF RHODE ISLAND BUT APPROVED AS A SURPLUS LINES INSURER. THE INSURER IS NOT A MEMBER OF THE RHODE ISLAND INSURERS INSOLVENCY FUND. SHOULD THE INSURER BECOME INSOLVENT, THE PROTECTION AND BENEFITS OF THE RHODE ISLAND INSURERS INSOLVENCY FUND ARE NOT AVAILABLE.



VIRGINIA SURPLUS LINES NOTICE

NOTICE TO INSURED

THE INSURANCE POLICY THAT YOU HAVE APPLIED FOR HAS BEEN PLACED WITH OR IS BEING OBTAINED FROM AN INSURER APPROVED BY THE STATE CORPORATION COMMISSION FOR ISSUANCE OF SURPLUS LINES INSURANCE IN THE COMMONWEALTH, BUT NOT LICENSED BY OR REGULATED BY THE STATE CORPORATION COMMISSION OF THE COMMONWEALTH OF VIRGINIA. THEREFORE, YOU, THE POLICYHOLDER, AND PERSONS FILING A CLAIM AGAINST YOU ARE NOT PROTECTED UNDER THE VIRGINIA PROPERTY AND CASUALTY INSURANCE GUARANTY ASSOCIATION ACT (§§ 38.2-1600 et seq.) OF THE CODE OF VIRGINIA AGAINST DEFAULT OF THE COMPANY DUE TO INSOLVENCY. IN THE EVENT OF INSURANCE COMPANY INSOLVENCY YOU MAY BE UNABLE TO COLLECT ANY AMOUNT OWED TO YOU BY THE COMPANY REGARDLESS OF THE TERMS OF THE INSURANCE POLICY. AND YOU MAY HAVE TO PAY FOR ANY CLAIMS MADE AGAINST YOU.

Surplus Lines Broker (Printed Name): _____

Surplus Lines Broker (Business Address): _____

Surplus Lines License# _____



WEST VIRGINIA SURPLUS LINES NOTICE

Notice: 1. An insurer that is not licensed in this state is issuing the insurance policy that you have applied to purchase. These companies are called “nonadmitted” or “surplus lines” insurers. 2. The insurer is not subject to the financial solvency regulation and enforcement that applies to licensed insurers in this state. 3. These insurers generally do not participate in insurance guaranty funds created by state law. These guaranty funds will not pay your claims or protect your assets if the insurer becomes insolvent and is unable to make payments as promised. 4. Some states maintain lists of approved or eligible surplus lines insurers and surplus lines brokers may use only insurers on the lists. Some states issue orders that particular surplus lines insurers cannot be used. 5. For additional information about the above matters and about the insurer, you should ask questions of your insurance agent or surplus lines licensee. You may also contact your insurance commission consumer help line.

Signed: _____

Title: _____

(to be signed by Authorized Representative of Insured)

Print Name: _____

Date: _____