

Insurance Specialty Construction Group - Project Addendum

Name of Applicant:

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Project Application Addendum

Complete this section if you desire coverage on a specific Project, with all other Builder operations excluded:

- A) Provide the Name of the Project:
- B) Provide the complete address of the Project Site:
- C) Describe the project. Describe any construction that was not identified on the Operations Financial Section of the Contractors Questionnaire:
- D) How many acres will the project involve?
- E) Describe the area/topography and exposure to hillsides:
- F) Is the land undeveloped? If not, provide complete details of any previous site improvements which will be part of the final project:
- G) What is the anticipated project start date?
- H) What is the anticipated project completion date?
- I) When do you anticipate beginning to close/sell units?

J) Project Details:

Project Details:	Total		Average per Home/Unit		#of Stories of Livable Space	Construction Type <small>(wood frame, concrete, etc.)</small>
	# of Homes/Units	# of Buildings	Sales Price	Square Footage		
Single Family Dwellings						
Multi Family						
Commercial						
Other						

If Other, please describe:

Estimated total Payroll for Project term:	
Estimated Subcontracted Costs:	
Percentage of Work subcontracted out:	
Estimated total Construction Cost for project term:	
Estimated total sales prices for all units:	
Estimated total Land Value	

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.

- K) Describe any & all Nonresidential construction included in this project (i.e. clubhouse, pool, gatehouse, etc.)
- L) List past Projects which have been under your control and were covered under a commercial general liability policy that covered under a Project General Liability Policy. Complete all information:

CGL Policy Holder	Description of Project	Project Term (months)	Total Sales Price	Date Project was Completed	CGL Carrier And Policy #

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M) Describe where you are in your preparedness to begin construction?

Property developed (site infrastructure in place), Permits received, etc.

N) Does ISCG provide other liability coverage for you? If so, list any in force policy, or any past project:

Check here if no other liability coverage provided through ISCG:

Named Insured and Policy number of other liability coverage/s:

O) Project Team:

	Name of	Contact Person	Mailing Address	Phone Number
Project Sponsor (Investment/Finance)				
Has Financing been secured?	<input type="checkbox"/> Yes* <input type="checkbox"/> No	*If Yes, what is the source of the financing?		
Describe past Residential Construction experience				
Project Architect				
Describe past Residential Construction experience				
Project General Contractor				
License Number	Provide web site or telephone number where the license can be verified			
Describe past Residential Construction experience (such as the number and types of residential structures built)				
Project Developer				
Number of years developing site infrastructures				
Property Developer				
Are you listed on their CGL policy as a Named Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No				

P) What entity listed above will be providing the home warranty to the homeowner?

***Checklist of additional Information required for a Project:**

- Full description of any loss \$50,000+
- Site Safety Plan
- Architectural Site Plan

If a Project Wrap:

- Wrap Statement of Representation executed by Officer/Principal of the Applicant required at binding
- Project Wrap Addendum

*In addition to information requested as part of the Contractors Questionnaire.

Signature Section:

	Insurance Agency:	Applicant (Must be Officer/Owner)
<i>Signature</i>		
<i>Signature Name- Printed Please:</i>		
<i>Name of Insurance Agency:</i>		
<i>Title of Person Signing</i>	<i>Date:</i>	<i>Date:</i>