

Broker Name: _____
Phone Number: _____
Fax Number: _____

Private Client Group
A division of AIUHoldings

COURSE OF CONSTRUCTION APPLICATION
(PLEASE COMPLETE IN FULL)

Part I. General Information – TO BE COMPLETED BY BROKER

Insured:
Property Address:
City:
State:
Person to be contacted for Inspections: (name and phone #)

Part II – General Underwriting Information – TO BE COMPLETED BY BROKER

Completed Dwelling Amount: _____
Completed Other Structures Amount: _____
Contents Amount Remaining at Residence during Construction: _____
Liability Limit Requested for this Dwelling: _____
Construction Type (Frame, Masonry, etc): _____
Original Year Built (If new construction, put NEW): _____

Part III. General Contractor Information – TO BE COMPLETED BY CONTRACTOR

Name:
Address:
City:
State:
GC Phone #:
Does the general contractor have a builders risk in effect? YES NO
Is the general contractor hiring sub-contractors? YES NO
Does the contract between the insured and the general contractor contain a Waiver of Subrogation?
 YES NO

Site Foreman and/or Project Manager's Name and phone #:

Number of years the General Contractor's company has been incorporated: _____

Summary of the most recent 5 projects and their size.

1.) _____

2.) _____

3.) _____

4.) _____

5.) _____

Loss History including: description, any ongoing or historical suits, and claims dollars paid.

If the General Contractor does not require the subcontractors to maintain insurance throughout the project, then the General Contractor will be required to sign a hold harmless for Private Client Group.

Part IV. General Contractor's Commercial General Liability Insurance (CGL) and Workers' Compensation Coverage – TO BE COMPLETED BY CONTRACTOR

Name of General Contractor's Commercial General Liability (CGL) Insurance Company:	Name of General Contractor's Excess General liability Insurance Company:
General Contractor's CGL Limits: Each Occurrence: For Personal Injury: Aggregate for products-completed operations: General Aggregate: Policy Term: _____ to _____ Certificate of Insurance Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO	Excess CGL: Each occurrence: Aggregate: Policy Term: _____ to _____ Certificate of Insurance Provided: <input type="checkbox"/> YES <input type="checkbox"/> NO

Name of General Contractor's Worker's Compensation Insurance Company:

Bodily Injury by Accident: \$ _____ each accident

Bodily Injury by Disease: \$ _____ each employee / \$ _____ policy limit

Policy Term: _____ to _____
Policy Number: _____
Certificate of Insurance Provided: YES (please provide copies) NO

Part V. Required Subcontractor's Limits of Insurance – TO BE COMPLETED BY CONTRACTOR

<p>Does the General Contractor require the subcontractors to submit Certificates of Insurance as part of the subcontract bid process?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If No, please explain:</p>	<p>Please provide copy of the 'Explanation of Liability Insurance Requirements' required of the Subcontractor(s) by the General Contractor.</p> <p>Are all the subcontractors licensed? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Part VI. Site Information – TO BE COMPLETED BY CONTRACTOR

Address: _____

Name of responding Fire Department: _____

Distance to responding Fire Department: _____

When will this project:

Begin? _____

Be fully enclosed? _____

Be Completed? _____

Is the project a tear-down, renovation or ground-up construction? _____

How many square feet of living space will the home be?

 Square Footage before renovations started: _____

 Square Footage of renovation project: _____

 Total home living space square footage when renovations complete: _____

What is the cost/budget of the renovations: _____

What will be the completed value of the home: _____

What will be the completed value of the Other Permanent Structures (if under construction or renovation): _____

Provide a detailed description of the scope of the renovation project, i.e.: Adding garage, master bedroom with bath Etc.

Has the general contractor provided a written construction plan that defines security and fire protection that will be maintained on this site with each construction phase of the project? Please provide a copy of that plan or a description.

Part VII. Risk Management on Site: - TO BE COMPLETED BY CONTRACTOR

Please indicate below the protective safeguards which will be maintained by the general contractor during the length of the construction or renovation project.

REQUIRED ITEMS ON ALL PROJECTS

- Temporary or Permanent Central Station Fire Alarm**, in place, or will be in place once the envelope of the structure is enclosed (roof, walls, doors and windows)
- Temporary or Permanent Central Station Burglar Alarm** in place, or will be in place once the envelope of the structure is enclosed (roof, walls, doors and windows)
- Fire Extinguishers** (ABC rated and at least 10 pounds capacity) – placed every 1,000 feet – including attic and basement
- Fire Proof Storage Cabinet** - premises equipped with U.L. approved fireproof cabinet for flammable liquids

Optional items unless required by an AIG Private Client Group Underwriter.

- Security Guard or Watchman** - 24 hour on-premises
- Security Guard or Watchman** – on premises during the hours construction operations are not in progress
- Exterior Lighting** – the premises is equipped with exterior lights that operate during all non-daylight hours
- Signage** - No Trespassing signs posted along the perimeter of the construction site
- Fencing** - Full Perimeter Fencing – premises completely surrounded by a fence which is locked during the hours construction operations are not in progress
- Driveway Fencing** – entranceway to the residence will be gated and locked during the hours that construction are not in progress
- Guarded Gated Community**
- Public Hydrant or Water Source** – there is a working public hydrant or water source within 1,000 feet of the structure

Part VIII. Fraud Warnings – TO BE READ BY CUSTOMER, BROKER AND CONTRACTOR

Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York Fraud Warning: Any Person who knowingly and with intent to defraud an insurance company or another person files an application of 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 and subjects the person to (NY: substantial) criminal and civil penalties. **Colorado Fraud Warning:** 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 purposes of defrauding or attempting to defraud the policy holder 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 Fraud Warning:** A 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. **California Fraud Warning:** Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Indiana Fraud Warning:** A person who knowingly and with intent to defraud an insurer files a statement of a claim containing any false, incomplete or misleading information commits a felony. **Maine Fraud Warning:** 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 denial of insurance benefits. **Minnesota Notice of Possible Cancellation:** The insurer may elect to cancel coverage at any time during the first 59 days following issuance of the coverage for any reason which is not specifically prohibited by the statute. **New Mexico Fraud Warning:** Any person who knowingly present 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. **New York Automobile Fraud Warning:** Any person who knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, 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 value of the subject motor vehicle or stated claim for each violation. **Ohio Fraud Warning:** 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. **Oklahoma Fraud 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. **Pennsylvania Fraud Warning:** 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 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. **Virginia Fraud Warning:** 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.

Part IX. Signature Block – TO BE COMPLETED BY CUSTOMER AND BROKER

I warrant that I have read this application in its entirety and declare that to the best of my knowledge and belief the information I provide herein is complete, true and correct.

Insured's Signature: _____ Date: _____

Witnessed By: _____ Date: _____
(Agent or Broker)