



CONTRACTORS WRAP APPLICATION

If additional space is needed, please attach pages as necessary to completely answer all questions.

1. GENERAL INFORMATION:

Applicant Name:	
Type of Business: Individual	
Applicant Street address:	
City, State, Zip:	
Phone Number:	Inspection Contact Name:
Years in business:	Total years experience as a contractor:
Contractor License Number (s):	Licensed State (s):
Tax ID Number (FEIN):	

2. PROJECT TEAM-BACKGROUND/EXPERIENCE:

A. Project Sponsor Name:	Contact Person:
Mailing Address:	
Phone Number:	
Describe past residential construction experience of the sponsor:	

B. Project Architect Name:	Contact Person:
Mailing Address:	
Phone Number:	
Describe Architect's past residential experience:	

C. Project General Contractor:	Contact Person:
Mailing Address:	
Phone Number:	
Describe past residential construction experience of the General Contractor (such project name, date of construction, types of residential structures built & sales revenue):	
General Contractor-number of years in business:	
General Contractor-License number(s) & State (s):	
General Contractor-Number of years building residential structures:	

D. In the past 3 years have you been fired or replaced on a job in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No
In the past 3 years have you replaced another contractor on a job in progress? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Please provide details:

3. PROJECT DETAILS:

Project Description:				
Project Name:				
Project Address:				
Project Start Date:		Project Completion Date:		
Has Financing been Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What is the source of financing?				
Name of loss control or risk Management contact:				
Mailing Address:				
Phone Number:				
Estimated Gross receipts for project:				
Estimated Total Construction Cost for Project term:				
Estimated Field Payroll (All Contractors):				
Start Date:		Duration:		Months
Project Details	# of units	# of buildings	#of stories	Construction Type (wood frame, concrete)
Single Family:				
Townhouses:				
Condominiums:				
Apartments:				
Other (Describe):				
Remarks:				
Is there any exposure to hillsides. Slopes, landfill or other potential subsidence areas? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description:				
Was the site previously developed? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description :				
<i>Please be sure to include complete details of any previous site improvements which will be party to the final project.</i>				
Will the project involve any demolition of existing structures? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description:				
Will the project involve construction of pools? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description:				
Will the project involve the construction of a common area playground? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description:				
Will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Description:				
If retaining walls have been or will be built, maximum height: ft.				
Will you perform work above two stories in height? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, what percentage? % maximum height: ft.				
Will you perform any work below ground level? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, what percentage? % maximum depth: ft.				
Does applicant always check with local utilities authority before digging? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Does insured plan to use PEX or Kitec Plumbing Products? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, will insured comply with California Building Standards Codes for Installation? <input type="checkbox"/> Yes <input type="checkbox"/> No				

4. RISK MANAGEMENT:

A. Pre-Construction Operations:

1. Are there any known pollution exposures on jobsites? Yes No
If yes, describe known pollution exposures on job site (include environmental reports):
2. Was there any significant design or material selection decisions made to prevent claims? Yes No
If yes, please provide specific details of their program:
3. Does the General Contractor have a formal subcontractor pre-qualification program? Yes No
If yes, please provide specific details of their program:

B Quality Control Program:

1. Does the named insured have a Quality Control Program in effect to monitor all construction activities? Yes No
If yes:
Who is responsible for managing the program?
Briefly describe the program and/or attach a copy of the program to this questionnaire:
2. Does the Named Insured have a written Site Inspection Program? Yes No
If yes:
When are the inspections performed?
Are surprise inspections conducted? Yes No
Who determines the inspection schedule?
Who conducts the inspections?
Briefly describe the established criteria for required follow-up:
3. Does the Named Insured have any independent inspections/assessments performed? Yes No
If yes, who is providing this service?
Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire:
What percentage of units are to be inspected and how often?

C. Safety Program:

1. Does the Named Insured have a written safety program? Yes No
If yes:
Who is designated as the safety manager on site?
Is this person on site full time? Yes No
Does the program require that there be scaffolding and fall protection? Yes No
What height requirement is maintained?

Does the safety program specifically address:

1. Site Security? Yes No Not Applicable
 2. Attractive Nuisance? Yes No Not Applicable
 3. Power Lines? Yes No Not Applicable
 4. Traffic Control? Yes No Not Applicable
 5. Utility Identification? Yes No Not Applicable
2. Are customers and future customers or other third parties allowed on site? Yes No
If yes describe:
What precautions are taken to protect third party visitors?

D. Post Construction Operations:

1. Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?
 Yes No If Yes:
Who conducts these inspections?
Are final inspections documented? Yes No
How long is documentation maintained?
2. Does the named insured conduct walk through with the buyers? Yes No If Yes:
Who conducts these inspections?
Is a checklist used? Yes No How long is documentation maintained?

3 Will the Named Insured provide a Homeowners Manual to each buyer? Yes No

E. Home Warranty Program:

1. Will the Named Insured have a formal customer service department? Yes No **if yes,**
How many years will you have a full time customer service department?
Who is responsible for customer service?
Is this person on site full time? Yes No
Does the Named Insured solicit and obtain homeowner surveys? Yes No **If yes,**

Briefly describe how survey information is maintained and used:

2. Will the Named Insured provide each buyer with a Home Warranty? Yes No **If yes,**
Will the Home Warranty be insured by a third party? Yes No **If yes,**
Who is the insurer ?
What is the duration of these policies?
Are these policies renewable by the dwelling owner? Yes No

3. Describe how warranty work will be addressed following completion of the project:
Who will do the warranty repairs?
Will there be a database monitoring system fro the warranty program? Yes No **If yes,**
Briefly describe the system:

5. INSURANCE INFORMATION:

Prior Insurance Company Information:

Period	Policy Period	Insurance Co	Policy Number	Policy Premium	Policy Rate	Policy Limit	Policy DED/SIR
Current Year							
1 st Prior Year							
2 nd Prior Year							

Has the applicant ever been refused a performance bond or had liability insurance cancelled? Yes No
Does the applicant carry workers compensation on all of its employees? Yes No
Has applicant ever been refused a performance bond or had a Liability insurance cancelled Yes No
Does applicant carry Workers Compensation on all of its employees? Yes No

6. LOSS AND CLAIM INFORMATION

(Currently valued, Hard Copy Carrier Loss Runs are REQUIRED to confirm loss information below):

Period	Year	Total Losses	# of Claims	Largest Loss	Cause of Largest Loss
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					
4 th Prior Year					
5 th Prior Year					

Has applicant ever been adjudged bankrupt or insolvent? Yes No

Are you aware of any facts, circumstances, incidents, situations, damages or accidents that may give rise to claim or lawsuit (whether valid or not whether covered by insurance or not)? Yes No

If Yes, PLEASE COMPLETE THE FOLLOWING:

Project Name	Project Type	Nature of Your Work	Claimed Damages
1.			
2.			
3.			
4.			
5.			

Additional Information Required:

Has any local, state or federal government agency or licensing board cited you for violation of any law or regulation or investigated you in the past five years? Yes No

Within the last five years have you been named in litigation regarding faulty construction? Yes No

Within the last five years, has any person or entity demanded that you defend them, or hold them harmless, in any claim or lawsuit? Yes No

Within the last five years has any lawsuit been filed, or claim otherwise been made, against you or your company or any partnership or joint venture of which you have been a member, or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purpose of this application only, a claim or lawsuit means a receipt of demand for money, services arbitration or mediation.
 Yes No

If applicant answered any of the above questions with a yes, please provide the following information for each claim and or lawsuit:

Project Name	Project Type	Nature of Your Work	Claimed Damages
1.			
2.			
3.			
4.			
5.			

Remarks:

Retail Producer:	
Producer Address:	
Producer Contact Name:	
Producer Telephone Number:	Producer Fax Number:
Producer E-mail:	

Additional Project information which must accompany this questionnaire :

1. Site map
2. Soils/Geotechnical Report (must be less than one year old)
3. Construction Budget (Project ProForma)
4. Articles of Incorporation and By-laws
5. Subcontractor Agreement

ATTENTION:

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. QUESTIONNAIRE AS IT MAY DEEM NECESSARY.
THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

DATE:

SIGNATURE OF APPLICANT:

TITLE OFFICER, PARTNER OR OWNER:

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.

MAIL, FAX OR E-MAIL APPLICATION TO:

**Western Pacific Insurance Network, Inc.
10106 W. San Juan Way, Suite 100, Littleton, CO 80127
Phone: 303.904.3777 Toll-Free: 866.904.3777 Fax: 303.933.4500**