

GENERAL LIABILITY WRAP APPLICATION

Please complete all pages of this application. Attach additional pages if needed.

GENERAL INFORMATION

Applicant name:

Type of business:

Applicant's street address:

Applicant's city, state, ZIP:

Tax ID number (FEIN):

Inspection contact name, phone #, email:

Years in business:

of years of experience as a contractor:

Contractor license #:

License state:

PROJECT AND TEAM BACKGROUND AND EXPERIENCE

SPONSOR: Project sponsor name:

Contact person:

Mailing address, city, state, ZIP:

Contact phone #:

Contact email:

Describe sponsor's past residential construction experience:

ARCHITECT: Project architect name:

Contact person:

Mailing address, city, state, ZIP:

Contact phone #:

Contact email:

Describe architect's past residential experience:

GC: Project general contractor:

Contact person:

Mailing address, city, state, ZIP:

Contact phone #:

Contact email:

of years in business:

License # and state:

Describe GC's past residential construction experience, incl. # of years building residential structures, project names, dates built, types of structures built, and revenues):

In the past 3 years, have you been fired or replaced on a job in progress?

Yes No

In the past 3 years, have you replaced another contractor on a job in progress?

Yes No

If yes to either, please describe:

PROJECT DETAILS

Project description:

Project name:

Project address, city, state, ZIP:

Project start date:

Project completion date:

Duration (# of months):

Has financing been secured? Yes No

Source of financing:

Name of loss control or risk management contact:

Contact's mailing address, city, state, ZIP:

Contact phone #:

Contact email:

Est. gross receipts:

Est construction costs:

Est field payroll (all contractors):

	# units	# buildings	# stories	Construction type (e.g., wood frame, concrete, etc.)
Single family:				
Townhomes:				
Condos:				
Apartments:				
Other:				

Is there any exposure to hillsides, slopes, landfill, or other potential subsidence areas? Yes No

If yes, describe:

Was the site previously developed? Yes No

If yes, describe. Please include complete details of any previous site improvements which will be party to the final project:

Will the project involve any demolition of existing structures? Yes No

If yes, describe:

Will the project involve construction of pools? Yes No

If yes, describe:

Will the project involve the construction of common area playgrounds? Yes No

If yes, describe:

Will any projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques? Yes No

If yes, describe:

Maximum height of retaining walls:

Will work be performed above two stories? Yes No If yes, what % of work? Max height:

Will work be performed below ground level? Yes No If yes, what % of work? Max depth:

Does applicant always check with local utilities authority before digging? Yes No

Will insured use PEX or Kitec plumbing products?	Yes	No
If yes, will insured comply with CA building standards codes for installation?	Yes	No

RISK MANAGEMENT

PRE-CONSTRUCTION:

Any known pollution exposures on jobsites?	Yes	No
If yes, describe and attach environmental reports:		

Were any significant design or material selection decisions made to prevent claims?	Yes	No
If yes, describe:		

Does the GC have a formal subcontractor pre-qualification program?	Yes	No
If yes, describe:		

QUALITY CONTROL:

Does the insured have a quality control program in place to monitor all construction activities?	Yes	No
If yes, who manages the program?		
Describe and attach program details to this application:		

Does the insured have a written site inspection program?	Yes	No
If yes, who conducts the inspections?		
When are inspections performed?		
Are surprise inspections conducted?	Yes	No
Who determines the inspection schedule?		
Describe the criteria required for follow-up:		

Are any independent inspections/assessments performed?	Yes	No
Who provides this service?	What % of units are inspected?	
How often are these performed?		
Describe the scope of their services and attach a copy of their contract:		

SAFETY PROGRAM:

Does the insured have a written safety program?	Yes	No	
Who is the designated safety manager on site?	Is this person on site full-time?	Yes	No
What height requirement is maintained?	Scaffolding, fall protection req'd?	Yes	No

SAFETY PROGRAM (cont):

Does the safety program specifically address:

Site security:	Yes	No	N/A	Attractive nuisance:	Yes	No	N/A
Power lines:	Yes	No	N/A	Traffic control:	Yes	No	N/A
Utility identification:					Yes	No	N/A
Are customers, future customers, or other third parties allowed on site?						Yes	No
If yes, describe:							

What precautions are taken to protect them?

POST-CONSTRUCTION OPERATIONS:

Is there a written procedure to conduct final/completion inspections for each dwelling?					Yes	No
If yes, who conducts these inspections?						
Are inspections documented?	Yes	No		How long are documents maintained?		
Are walk-throughs conducted with the buyers?					Yes	No
Who conducts the walk-throughs?						
Is a checklist used?	Yes	No		How long is the checklist maintained?		
Is a homeowner's manual provided to each buyer?					Yes	No

HOME WARRANTY PROGRAM:

Does the named insured have a formal customer service department?					Yes	No
How many years will this department be maintained?						
Who is responsible for customer service?						
Is this person on site full time?	Yes	No		Are homeowner surveys conducted?	Yes	No
Describe how survey information is used and maintained:						

Is a home warranty provided to each buyer?					Yes	No
Is home warranty insured by a third party?	Yes	No		If yes, by whom?		
What is the policy duration?				Is policy renewable by owner?	Yes	No
How will warranty work be addressed following project completion?						

Who will do the warranty repairs?

Will there be a database monitoring system for the warranty program?					Yes	No
If yes, describe:						

INSURANCE INFORMATION:

	Policy Term	Carrier	Policy #	Premium
Current				
1 st Prior Term				
2 nd Prior Term				

	Limits	Rate/\$1000	Policy Ded./Self-Insured Retention (SIR)
Current			
1 st Prior Term			
2 nd Prior Term			

Has applicant ever had a performance bond reused or a liability insurance policy canceled? Yes No
 Does the applicant carry workers' compensation coverage on all employees? Yes No

LOSS / CLAIM INFORMATION: *Please attach currently valued loss runs (required)*

Has the applicant ever been adjudged bankrupt or insolvent? Yes No
 Describe any losses in the last 3 years. Include policy term, total loss \$, status (open/closed), and cause:

Are you aware of any facts, circumstances, incidents, situations, damages, or accidents that may give rise to a claim or lawsuit, regardless of validity or coverage status? Yes No

If yes, describe:

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 5 years, have you been named in litigation regarding faulty construction? Yes No

Within the last 5 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 5 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 yes, please provide the project name, type, nature of work, and damages claimed for each claim and/or lawsuit:

Remarks:

Retail producer/agency:

Producer address, city, state, ZIP:

Contact person's name, phone, and email address:

The following information **must be submitted with this application:**

- | | |
|---|---|
| 1. Site map | 4. Articles of incorporation and bylaws |
| 2. Soils/geotechnical report (less than 1 year old) | 5. Subcontractor agreement |
| 3. Construction budget (project proforma) | |

ATTENTION

Note: "applicant," "you," "your" and similar words refer to the prospective insured.

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 relies 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 rescission 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. The undersigned, being authorized by and acting on behalf of the prospective insureds, 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.

Date:

Applicant's signature:

Applicant's name:

Applicant's title (e.g., officer, partner, owner, etc.):

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.

Email or mail this completed application to:
WestPac
10106 San Juan Way, #100, Littleton, CO 80127
submissions@westpacins.com / 303.904.3777 / 866.904.3777