

### Insured Parties Information

Policy holder is:  Project Owner  General Contractor / CM  Other \_\_\_\_\_

#### Project Owner:

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### General Contractor / CM

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License number: \_\_\_\_\_ State: \_\_\_\_\_ Years of experience: \_\_\_\_\_ Number of projects in past 3 years: \_\_\_\_\_

Has the contractor completed this type of project before?  Yes  No How many projects? \_\_\_\_\_

Estimated % of project subcontracted: \_\_\_\_\_% Any claims over \$100,000 in the past 5 years?  Yes  No

If yes, please explain:

Designated project representative for water damage preparation plan:

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

On-site project representative for installation, alerts and response to alerts:

Email: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Project Information

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

Completion date determined by:  TCO  Substantial completion  Occupancy  Other \_\_\_\_\_

Delivery method:  Design bid build  Design build  CM at Risk  Other \_\_\_\_\_

Project name: \_\_\_\_\_ Project address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Project location: Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Name of architecture Firm: \_\_\_\_\_ Website: \_\_\_\_\_

Name of structural engineering firm: \_\_\_\_\_ Website: \_\_\_\_\_

### Building Information

**Project Involves:**  1 Building  More than 1 building\* **Project Scope:**  New project  Mid-term start\*\*

\*If the project involves more than 1 building, Section 3 and Section 4 must be filled out for each building.

\*\*If the project is a mid-term start, a mid-term attachment supplemental application is required.

**Project Description:** Please provide a short narrative of the project here. Include any important or unusual details of the project. (e.g. cantilevered design, prototypical construction method or material)

**Occupancy:** \_\_\_\_\_ **Construction Type:** \_\_\_\_\_

**Interior Walls:**  Concrete  Metal  Brick  Hardwood  Plywood  Glass  Other \_\_\_\_\_

**Exterior Walls:**  Concrete  Brick  Glass  Hardie board  Wood  Tilt up  EIFS

If EIFS cladding, provide details of the EIFS Construction, type, and % of the wall surface:

**Total gross square footage of the building:** \_\_\_\_\_ (square feet)

**Number of stories above ground** (including ground floor): \_\_\_\_\_

Provide the square footage of each above ground floor:

Ground	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>	7 <sup>th</sup>	8 <sup>th</sup>	9 <sup>th</sup>	10 <sup>th</sup>

11 <sup>th</sup>	12 <sup>th</sup>	13 <sup>th</sup>	14 <sup>th</sup>	15 <sup>th</sup>	16 <sup>th</sup>	17 <sup>th</sup>	18 <sup>th</sup>	19 <sup>th</sup>	20 <sup>th</sup>

**Number of stories below ground:** \_\_\_\_\_

Provide the square footage of each below ground floor:

1st	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>

**Foundation Type:**  Mat/Raft  Individual footing  Stem wall  Combined footing  End bearing pile  
 Friction pile  Other: \_\_\_\_\_

**Dewatering:**  Not Required  Open sump pump  Wellpoints  Deep wells  Bypass  Other: \_\_\_\_\_

**Building Values**

(The following must be supported with detailed information in the form of per item breakdowns)

Physical Values:			Delay in Completion Values:	
	Total Value	Sublimit (if desired)	Total Value	Indicate Annually, Full term, or Other
Hard Costs	\$ _____	\$ _____	Rental Income	\$ _____
Owner-Supplied Material	\$ _____	\$ _____	Gross Earning	\$ _____
Other: _____	\$ _____	\$ _____	Soft Costs*	\$ _____
<b>Total Construction Values</b>	<b>\$ _____</b>	<b>\$ _____</b>		

**\*Soft Cost Breakdown**

	Total Value		Total Value
Accounting and Legal Fees	\$ _____	License and Permit Fees	\$ _____
Advertising and Promotional Expenses	\$ _____	Project Administration Expenses	\$ _____
Architects and Engineers Fees	\$ _____	Real Estate Commissions	\$ _____
Construction Loan Fees and Costs	\$ _____	Security Expenses	\$ _____
Insurance Premiums	\$ _____	Other: _____	\$ _____
Interest Expense on Loans	\$ _____	Other: _____	\$ _____

**Project Protection**

**The project will be:**

- |           |                                     |                                    |  |                               |                                      |
|-----------|-------------------------------------|------------------------------------|--|-------------------------------|--------------------------------------|
| 1. Fenced | <input type="checkbox"/> Barbed     | <input type="checkbox"/> Total     | <input type="checkbox"/> Partial         | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
| 2. Locked | <input type="checkbox"/> Electronic | <input type="checkbox"/> Secure    | <input type="checkbox"/> Padlock         | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
| 3. Lit    | <input type="checkbox"/> 24-hour    | <input type="checkbox"/> Off-hours | <input type="checkbox"/> Motion detector | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |

**The project will have the following security measures:**

- |   |                                  |                                    |                                   |                               |                                      |
|---|----------------------------------|------------------------------------|-----------------------------------|-------------------------------|--------------------------------------|
| 1. Watchmen                                 | <input type="checkbox"/> 24-hour | <input type="checkbox"/> Off-hours | <input type="checkbox"/> Weekends | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
| 2. CCTV                                     | <input type="checkbox"/> 24-hour | <input type="checkbox"/> Off-hours | <input type="checkbox"/> Weekends | <input type="checkbox"/> None | <input type="checkbox"/> Other _____ |
| 3. Burglar alarms                           | <input type="checkbox"/> Yes     | <input type="checkbox"/> No        |                                   |                               |                                      |
| 4. Other security ( Please describe): _____ |                                  |                                    |                                   |                               |                                      |

**The project will have the following safeguards:**

- |                                       |  |                                |
|---------------------------------------|--|--------------------------------|
| 1. Sprinkler system                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expected operation date: _____ |
| 2. Fire alarm                         | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expected operation date: _____ |
| 3. Smoke detectors                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expected operation date: _____ |
| 4. Written "No Smoking" policy        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 5. Written "Hot Works" plan           | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 6. Portable fire extinguishers        | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 7. A working standpipe at the project | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 8. A water damage prevention plan     | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| 9. Internet of Things (IoT) devices   | <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what devices _____     |

**Provide the following information:**

1. Project public protection class: \_\_\_\_\_
2. Distance to nearest fire department: \_\_\_\_\_ miles  hired  volunteer
3. Distance to nearest fire hydrant:  On-Site  <300ft  <600ft  <1,000ft  other \_\_\_\_\_

## DEFINITIONS – CONSTRUCTION TYPES

### FRAME

Building construction where the walls are primarily constructed of wood or other combustible materials, sometimes alongside non-combustible materials like brick, stone, stucco, steel, or concrete. This construction type includes FRAME structures adjacent to or positioned atop concrete parking decks and podiums.

### JOISTED MASONRY

Building construction where the walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, cinder block, hollow concrete block, stone, tile, glass block, or similar materials, with combustible floors and/or roofs.

### MIXED CONSTRUCTION

Building construction where walls, floors, and/or roofs are built with FRAME construction, incorporating any combination of NON-COMBUSTIBLE, MASONRY NON-COMBUSTIBLE, or FIRE RESISTIVE methods. MIXED construction excludes FRAME structures adjacent to or positioned atop concrete parking decks and podiums.

### TILT-UP CONSTRUCTION

Building construction where the walls and floors are constructed of and supported by metal, asbestos, gypsum, or other NON-COMBUSTIBLE materials. The roof may be constructed of Wood Frame or other combustible materials, or NON-COMBUSTIBLE materials.

### NON-COMBUSTIBLE

Building construction where the walls, floors, and roofs are supported by non-combustible materials such as metal, asbestos, gypsum, or others.

### MASONRY NON-COMBUSTIBLE

Building construction where the walls are constructed of masonry materials such as clay, adobe, brick, gypsum block, cinder block, hollow concrete block, stone, tile, glass block, or similar materials, with floors and roofs constructed of metal or other materials.

### FIRE RESISTIVE

Building construction where the walls, floors, and roof are constructed of fire-resistant materials with a fire-resistive rating of 2 (two) hours or more.