



OWNER'S INTEREST PROJECT SPECIFIC QUESTIONNAIRE

Ed 11/13

Applicant Name: _____

Mailing Address: _____

Project Location: _____

Agents Name: _____

Address: _____

Project Length:

From: _____ To: _____
12:01 A.M. Standard Time at the address of the Applicant

Applicant Is: Individual Partnership Corporation LLC Joint Venture Other (Specify)

1. Years in business under current name: _____

2. Project Name: _____

3. Narrative Description of Project:

4. Project Owner: _____

5. Describe past experience as construction owner/developer:

6. Project General Contractor: _____

7. Describe past experience:

8. General Contractor's Specialty/Industry Focus:

9. List Past 5 Projects of the General Contractor:

10. General Contractor Current Coverage:

General Liability Carrier: _____

Umbrella Carrier: _____

Limits: _____

Limits: _____

11. Will the Owner be performing any of the work or hire subcontractors directly? Y N

If Yes, Please provide details and percentage of work to be completed by owner: _____ %

Please provide:

- ✓ **Copy of the subcontract agreement including the insurance and indemnification provisions, assumptions of liabilities**
- ✓ **Copy of executed Certificate of Insurance naming Owner as Additional Insured under General Contractor’s GL Policy**

Project Details

1. Description of project:

2. Currently Occupied? Y N Currently Commenced? Y N

3. Had the site been previously developed? Y N

If Yes, please describe: _____

4. Type of Project and Intended Use: Residential { } Commercial { }

- Ground Up Construction with no demolition { }
- Ground Up Construction after demolition { }
- Structural Renovation of existing building { }
- Addition to existing building { }
- Interior Fit-Out/Remodeling { }

Note: When used in this questionnaire, RESIDENTIAL means single-family dwellings and multi-family dwellings (condominiums, condominium conversions, townhomes, townhouses and cooperatives), but not apartments.

4. Will business operations be conducted by building tenants during the project term? Y N

If Yes, please describe controls to keep construction activities separate from tenants:

Project Specs:

Total Square Footage: _____ # of Stories: _____ Will work be done in excess of 3 stories Y N

Will any portion of the completed project be sold upon completion Y N

If there is demolition involved, what is the method? Blasting Ball and Chain By Hand

Describe the safeguards surrounding the project area-fencing/lighting/guard,etc.:

Surrounding Structures:

Right Side: _____

Left Side: _____

Front: _____

Back: _____

Full Contract Costs: \$ _____

Soft Costs \$ _____

Hard Costs \$ _____

Please note the following documents are material to completion of the questionnaire and must also be attached:

- **Copy of the subcontract agreement including the insurance and indemnification provisions, assumptions of liabilities**
- **Copy of executed Certificate of Insurance naming Owner as Additional Insured under General Contractor’s GL Policy**

The undersigned 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.

SIGNATURE OF APPLICANT PRINTED NAME OF APPLICANT TITLE DATE

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER, THE BROKER OR THE AGENT TO COMPLETE THE INSURANCE.

Ed. 08-06