



Arch Insurance Group

Residential Conversion Application For Insurance

I. GENERAL INFORMATION:

Named Insured(s): _____

Mailing Address: _____

Project Name: _____

Project Address: _____

Project start date: _____ Project completion date: _____

Has Financing Been Secured? Yes No

What Is The Source Of Financing? _____

Is the seller of the building(s) to be covered Yes No

If yes, are they to be covered as a: Named Insured or Additional Insured

Coverage being requested: Wrap Non-Wrap

Name of Audit Contact, mailing address & phone number: _____

Name of Loss Control Contact, mailing address & phone number: _____

Name of Admin. Contact, mailing address & phone number: _____

II. PROJECT DETAILS:

Fully describe the scope of the conversion work to be done: _____

	<u># of Units</u>	<u># of Buildings</u>	<u># of Stories</u>	<u>Construction Type</u> (wood frame, concrete, etc.)
Townhouses:	_____	_____	_____	_____
Condominiums:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

If Other, please describe:

Estimated total Field Payroll (for ALL contractors) for project term: \$ _____

Estimated total sale prices for all units: \$ _____

Estimated total Construction Cost for project term: \$ _____

The total cost of all work let or sublet in connection with each covered project including: The cost of all labor, materials, services, and equipment furnished, used or delivered for use in the execution of the work and all bonuses and commissions.

Do not include the cost of the land, financing (including lender's fees), insurance charges, and permit fees.

Year building(s) was built: _____

Any major renovations done previously? Yes No

If yes, please describe the major renovations, including year completed: _____

Does any building(s) contain EIFS (Exterior Insulation Finish System)? Yes No

Any construction to involve the use of EIFS (Exterior Insulation Finish System)? Yes No

Does any building(s) contain Pex piping or will the conversion add Pex piping? Yes No

Kitec piping to be used? Yes No

Will all the plumbing be replaced? Yes No

If not, what year was all the plumbing replaced _____

Will all the windows be replaced? Yes No

Will the roof(s) be replaced Yes No

Will all of the doors be replaced? Yes No

Will asbestos be removed/remediated? Yes No

Will lead be removed/remediated? Yes No

III. PROJECT PREMISES & INSURANCE DETAIL

Will the building(s) be occupied during the construction/conversion process? Yes No

If yes, is there any other insurance in place covering the CGL exposures for the apartment building(s) exposure, and will this insurance stay in place throughout the conversion process? Yes No

If yes, what CGL limits are purchased? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

If yes, what Umbrella/Excess limits are purchased? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

As work progresses, will the condo units be sold while the construction/conversion process is taking place? Yes No

If yes, describe the overlap: _____

Will separate insurance be in place for this “condo” exposure? Yes No

If yes, describe: _____

If yes, what CGL limits are purchased? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

If yes, what Umbrella/Excess limits are purchased? Occ \$ _____ Gen Agg \$ _____ Prod Agg \$ _____

Describe surrounding exposures including proximity of any adjacent structures:

North:
 South:
 East:
 West:

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

Description: _____

Was the site previously developed? Yes No

Description: _____

(Please be sure to include complete details of any previous site improvements, which will be part of the final project).

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

If yes, please describe how the demolition will be conducted including the number of buildings/stories

Is the Wrap-Up coverage to apply for demolition operation? Yes No

IV. PROJECT TEAM – BACKGROUND/EXPERIENCE:

A. Project Sponsor

Name of Sponsor, contact-person, mailing address, and phone number:

Describe past Residential construction experience of the Sponsor:

B. Project Architect

Name of Architect, contact-person, mailing address, and phone number:

Describe Architect’s past Residential experience:

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C. Project General Contractor

Name of General Contractor, contact-person, mailing address, and phone number:

Describe past Residential construction experience of the General Contractor (such as the number and types of residential structures built):

General Contractor’s License Number: _____

General Contractor – number of years in business: _____

General Contractor – number of years building residential structures: _____

For the General Contractor, provide 7 years of loss history, and attach currently valued company’s loss runs:

	Policy Period	Insurance Carrier	Valuation Date	# of Claims	Incurred Losses
Current Year					
1 st Prior Year					
2 nd Prior Year					
3 rd Prior Year					
4 th Prior Year					
5 th Prior Year					
6 th Prior Year					
7 th Prior Year					
8 th Prior Year					
9 th Prior Year					
Total(s):					\$

(Note: Incurred Losses = Expense + Paid + Reserved)

Briefly describe the established criteria for required follow-up:

- 7 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:

- 8 What percentage of units are to be inspected and how often? _____

C. Safety Program

- 1 Does the Named Insured have written safety program? Yes No

If yes, who is designated as the safety manager on site? _____

- 2 Is this person on site full time? Yes No

- 3 Does the program require that there be scaffolding and fall protection? Yes No

- 4 What height requirement is maintained? _____

- 5 Does the safety program specifically address:

Site Security? Yes No Not Applicable

Attractive Nuisance? Yes No Not Applicable

Power Lines? Yes No Not Applicable

Traffic Control? Yes No Not Applicable

Utility Identification? Yes No Not Applicable

- 6 Are customers, future customers or other third parties allowed on site? Yes No

If yes, 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? _____

- 2 Are these final inspections documented? Yes No

- 3 How long is documentation maintained? _____

- 4 Does the Named Insured conduct walk through inspections with the buyers? Yes No If yes,

- 5 Who conducts these inspections? _____

- 6 Is a checklist used? Yes No

- 7 How long is documentation maintained? _____

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

- 9 Will completed project have a HOA (Home Owners Association)? 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? _____

- 2 Who is responsible for customer service? _____

- 3 Is this person on site full time? Yes No

- 4 Does the Named Insured solicit and obtain homeowner surveys? Yes No

If yes, briefly describe how survey information is maintained and used:

- 5 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? _____
- 6 What is the duration of these policies? _____
- 7 Are these policies renewable by the dwelling owner? Yes No
- 8 Describe how warranty work will be addressed following completion of the project:

- 9 Who will do the warranty repairs? _____
- 10 Will there be a database monitoring system for the warranty program? Yes No
 If yes, briefly describe the system: _____

VI. ADDITIONAL INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE

1. Property Condition Assessment Report (if available)
2. Copies of sales contract and disclosures (if completed)
3. Pictures of the building(s)

NOTICE TO APPLICANT, PLEASE READ CAREFULLY:

THE APPLICANT REPRESENTS THE ABOVE STATEMENTS AND FACTS ARE TRUE AND NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED.

COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

APPLICANT HEREBY AUTHORIZES THE RELEASE OF CLAIM INFORMATION FROM ANY PRIOR INSURER TO THE COMPANY INDICATED ABOVE.

APPLICANT AGREES TO HIRE AND COMPLY WITH ALL WRITTEN RECOMMENDATIONS FROM GAFCON OR PACIFIC PROPERTY CONSULTANTS REPORT. ARCH WILL NOT PAY THE FEE FOR GAFCON OR PACIFIC PROPERTY CONSULTANTS. NON-COMPLIANCE WILL RESULT IN CANCELLATION OF POLICY.

APPLICANT AGREES TO HIRE AND COMPLY WITH ALL WRITTEN RECOMMENDATIONS FROM DBH RESOURCES OR DBH LAW. SALES, CONTRACT AND DISCLOSURES, ARE TO BE REVIEWED AND APPROVED BY DBH LAW PRIOR TO SELLING ANY UNITS. ARCH WILL NOT PAY THE FEE FOR DBH RESOURCES/LAW. NON-COMPLIANCE WILL RESULT IN CANCELLATION OF POLICY.

APPLICANT AGREES TO HIRE AND COMPLY WITH ALL WRITTEN RECOMMENDATIONS FROM QUALITY BUILT OR GAFCON. ARCH WILL NOT PAY THE FEE FOR QUALITY BUILT. NON-COMPLIANCE WILL RESULT IN CANCELLATION OF POLICY

APPLICANT AGREES TO COMPLY WITH ALL WRITTEN RECOMMENDATIONS FROM THE STRUCTURAL ENGINEERING REPORT (IF APPLICABLE). ARCH WILL NOT PAY THE FEE FOR THE STRUCTURAL ENGINEERING REPORT. NON-COMPLIANCE WILL RESULT IN CANCELLATION OF POLICY.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT.

Signature of Applicant: _____ Date: _____
 Name and Title: _____
 Signature of Producer: _____ Date: _____
 Name and Title: _____