

Proposed First Named Insured & Other Named Insured(s):

Address Street City County State ZIP Code

UNDERWRITING INFORMATION

1. Applicant Type: ☐ Owner ☐ Contractor ☐ Lender
☐ Other (describe):

2. If the applicant is the project owner, is financing in place? ☐ Yes ☐ No

3. Status: Bid Date: Date Bid Awarded:
Work to Begin: Work to End:

4. If construction is not expected to occur on a continuous basis, provide explanation:

5. General Contractor Name (if not Named Insured):
State: Years of Experience:

6. Builder's Name: Years of Experience:

7. Architect Name: Years of Experience:

8. Any bankruptcy or financial difficulties on securing financing? ☐ Yes ☐ No

9. Is the project postponed due to vandalism or theft? ☐ Yes ☐ No

10. Is the project stalled or being non-renewed by the current carrier? ☐ Yes ☐ No

11. If renovation project, indicate the purchase price of the property: \$

12. Mortgagee Name: Address:

PROJECT INFORMATION

1. Location of Structure:
Site Address Street City County State ZIP Code

2. ☐ Ground Up Construction ☐ Renovation/Rehab Project

3. Contract Value: \$

4. Anticipated Occupancy Date:

5. Intended Occupancy:

6. Construction Type: (briefly describe materials and method - refer to the Construction Types sections as needed)
a. Foundation:
b. Walls:
c. Floors:
d. Roof:

7. Number of Stories: Total Square Footage: Public Fire Protection Class at Site:

8. Describe the work to be performed:

9. If Renovation project, any structural work? ☐ Yes ☐ No
If Yes, describe:

10. Any additions to the building? ☐ Yes ☐ No
If Yes, describe:

11. Any previous damage to the building (Fire, Water, Hail)? ☐ Yes ☐ No
If Yes, describe:

12. Any demolition occurring during the term of the policy? ☐ Yes ☐ No

If Yes, describe and specify % of the building being demolished:

13. Any unique or experimental designs? ☐ Yes ☐ No

If Yes, describe:

14. Will any portion of the structure be occupied prior to completion of the project? ☐ Yes ☐ No

If Yes, describe occupancy?

15. Describe how the premises and any off-site storage is protected from theft, vandalism or illegal entry:

16. Are vagrants known to have occupied this structure in the past? ☐ Yes ☐ No

If Yes, explain:

17. Is construction work on Piers, Wharfs or Docks? ☐ Yes ☐ No

If Yes, explain:

18. Select measures to be in place during construction:

a. Automatic Sprinkler System

If Automatic Sprinkler System, has the system been turned off?

b. Burglar Central Station Alarm

c. Fire Central Station Alarm

d. Fencing or Lighting at the Job Site

e. Motion Detectors/Surveillance Video

f. Private Security Guard

g. Other:

Yes

No

19. Does the job involve any of the following:

a. Extensive gutting

b. Modular units or mobile homes

c. Evacuation

d. Foundation work

e. Underpinning

f. Lead/Asbestos/Other Pollutant Removal

g. Multiple buildings

h. Multi-family housing or residential condominiums or residential apartments in excess of 15 units

Yes

No

20. Indicate limits for improvements/repairs (renovations) or new construction.

Limits for existing structures and improvements must add up to 100% of the completed value for renovations.

Renovation \$			New Construction \$		
Existing Structure			Building		
Improvements			Property in Transit		(max. 10,000)
Property in Transit		(max. 10,000)	Property Offsite		(max. 10,000)
Property Offsite		(max. 10,000)	Theft		
Theft					

21. Do you subcontract work to others? ☐ Yes ☐ No

If Yes, answer the following questions:

a. Type of work:

b. Cost of subcontractor's/contract labor: \$

c. Are all subcontractors required to carry insurance? ☐ Yes ☐ No

If Yes, indicate:

1) Are you named as an additional insured? ☐ Yes ☐ No

2) Are certificates of insurance required from subcontractors? ☐ Yes ☐ No

3) Comprehensive General Liability Limit: \$

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**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
