



OWNERS INTEREST QUESTIONNAIRE

Primary Insured Name: _____

If the Insured is a Limited Liability Company (LLC), please list the members of that LLC:

Any other requested named insured? Yes No

If Yes, complete the following:

NOTE: The names provided are not automatically approved for Named Insured status. For us to consider each entity we require, at minimum, the following:

- A role and function on the project which makes them applicable for Named Insured status.
- Receive full risk transfer, via contract, from all subcontractors on the project (hold harmless, indemnification and Additional Insurance status)

| Entity Name | Role and Function of the Entity on the Project | Relationship to Primary Named Insured |
|-------------|--|---------------------------------------|
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Project Address(es):

Scope of Work Summary:

Term of Project:

End use of the Project: *(i.e. Condo, Apt., Coops, Office, etc.)*

Project Hard Costs:

Please forward Project Budget – To include outline of both Hard and Soft costs

OCCUPANCY

Will there be any occupancy during the project term? Yes No

Is coverage for the occupancy desired? Yes No

If Yes, complete the following:

- a. Location _____
- b. Type of Occupancy Commercial (provide details)_____ Residential
- c. Total # of Units/Square Footage _____
- d. Total # of Occupied Units/Square Footage _____
- e. Any Losses in the past 5 years? (If Yes, please attach loss runs.) Yes No
- f. Tenants and workers use separate entry/stairwells? Yes No
- g. Provide safety precautions to protect tenant access within building.

What is in place at the location to protect its occupants from trespassers?

- a. Are there security personnel at the location? Yes No
- b. Is there a doorman or similar individual to check access credentials? Yes No
- c. Are there security cameras in place at the location? Yes No
- d. Is access to the building limited via keys or card access? Yes No

DEMO

Will there be any demolition of exterior walls or roofs? Yes No

If Yes, complete the following:

- a. Name of Demolition Contractor _____
- b. Total Demolition Costs \$ _____
- c. How long will demolition last? _____
- d. General Liability Carrier _____
- e. Total General Liability and Excess limits being required for this job \$ _____
- f. What entity is contracting with and signing contracts with the Demolition Contractor? _____
- g. Provide safety precautions in place to protect pedestrians.

GENERAL CONTRACTOR

Provide the following information regarding the General Contractor (GC) being hired:

- a. Name of selected GC _____
- b. General Liability Carrier _____
- c. Total General Liability and Excess limits being required for this job \$ _____
- d. Does the contract with the selected GC provide hold harmless, indemnification and Additional Insured status to our Named Insured? Yes No
- e. Is the selected GC, paying all the subs on the project? Yes No
- f. Is the selected GC, contracting all the subs on the project? Yes No
- g. Is the selected GC, supervising all the subs on the project? Yes No

Will a Construction Manager be involved in this project?

Yes No

If Yes, complete the following:

- a. Name of Construction Manager _____
- b. General Liability Carrier for Construction Manager _____
- c. General Liability and Excess limits being carried for this project? \$ _____
- d. Role and function of the Construction Manager as it differs from the selected GC?

Has any work been all ready completed on the project?

Yes No

If Yes, complete the following:

- a. When did work start? _____
- b. What work has been completed to date? _____
- c. What amount of costs have been completed to date? \$ _____
- d. Name of the General Contractor who was responsible for the prior work completed? _____
- e. What carrier (and policy #) provided GL coverage for Named Insured during the prior work?

Will the insured hire any subcontractors directly – other than the General Contractor/Construction Manager noted above?

Yes No

If Yes, complete the following:

| Name of subcontractor to be hired directly | What work will the subcontractor be hired to perform? | Amount of the contract the subcontractor will be awarded | General Liability carrier for the subcontractor |
|--|---|--|---|
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Does the project require any addition to floors?

Yes No

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

SIGN AND DATE

| | |
|--------------------------|------|
| PRODUCER'S SIGNATURE | DATE |
| APPLICANT'S PRINTED NAME | DATE |
| APPLICANT'S SIGNATURE | DATE |