

# Project-Specific Owners Interest Supplemental Application



AmTrust E&S Insurance Services  
An AmTrust Financial Company

\*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: <http://get.adobe.com/reader/>.

**Instructions:** All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

## Section I – Applicant Information

Name of Applicant: \_\_\_\_\_

Limits of Liability:  \$100,000 / \$200,000  \$300,000 / \$600,000  \$500,000 / \$1,000,000  \$1,000,000 / \$2,000,000

Policy Term:  Six Months  Nine Months  Annual  18 Months

## Section II – Eligibility Criteria

1. Applicant is the owner or tenant of the property  True  False
2. Applicant is not a government entity  True  False
3. This project is covered by a wrap-up policy  True  False
4. One general contractor is being hired to handle the entire project  True  False
5. Applicant is the entity entering into the written contract with the general contractor  True  False
6. The project has not already commenced prior to the inception date of this policy  True  False
7. The project does not have a planned duration in excess of 18 months  True  False
8. The applicant or their employees / volunteers will not perform any of the direct labor  True  False
9. No demolition work (except incidental non-load-bearing interior walls)  True  False

Please describe demolition activities and methods that will be used:

10. No construction, installation or removal of underground tanks (except residential fuel oil tanks)  True  False
11. The project is not a tract housing development (defined as more than 10 homes at single location)  True  False

## Section III – Scope of Project

1. Description of work: \_\_\_\_\_

2. Project location: \_\_\_\_\_

3. Name of General Contractor: \_\_\_\_\_ License Number: \_\_\_\_\_

4. Project Duration:  
Estimated start date: : \_\_\_\_\_ Estimated completion date: \_\_\_\_\_

5. Type of project:
- |                                      |   |   |
|--------------------------------------|---|---|
| <input type="checkbox"/> Residential | <input type="checkbox"/> New construction | <input type="checkbox"/> Renovation of existing structure |
| <input type="checkbox"/> Commercial  | <input type="checkbox"/> New construction | <input type="checkbox"/> Renovation of existing structure |

6. Intended use:  
 Apartments  Condominiums/Co-Ops  Commercial

7. Estimated job costs:  
Cost of Labor: \$ \_\_\_\_\_ Cost of materials: \$ \_\_\_\_\_ Total cost of project: \$ \_\_\_\_\_

8. If renovation of existing building:  
Total sq. ft. renovation section: \_\_\_\_\_ Total sq. ft. building: \_\_\_\_\_ Number of stories: \_\_\_\_\_

8. If new construction:  
Total sq. ft. proposed building: \_\_\_\_\_ Number of stories: \_\_\_\_\_

## Section IV – Additional Exposures

1. If the applicant is owner of the property being renovated, is the building 100% vacant?  Yes  No
2. If tenant of property, will the applicant be conducting operations prior to completion of the project?  Yes  No
3. If renovation of an existing building,
  - a. Is the building sprinklered?  Yes  No
  - b. If sprinklered, will the system be operational during construction/renovations?  Yes  No
  - c. Will any work be done to the structural load-bearing members of the existing building?  Yes  No
  - d. Is the building currently damaged (fire or otherwise)?  Yes  No
4. Does the project include the underpinning or shoring of adjacent buildings or structures?  Yes  No
5. Is there any exterior work in excess of three (3) stories or 40 feet from grade level?  Yes  No
6. Does the project include adding of stories to existing structures?  Yes  No
7. Does the project include any blasting operations?  Yes  No
8. Does the project include any lift-slab or tilt-up construction methods?  Yes  No
9. Does the project include any large open atriums equaling three stories or more?  Yes  No
10. Does the scope of the project include work on the following?  Yes  No

**Please select all that apply:**

- |   |   |   |                                  |  |   |
|---|---|---|----------------------------------|--|---|
| <input type="checkbox"/> airport hangers  | <input type="checkbox"/> antennas                   | <input type="checkbox"/> barns  | <input type="checkbox"/> bridges | <input type="checkbox"/> dams                                | <input type="checkbox"/> tunnels                      |
| <input type="checkbox"/> tanks  | <input type="checkbox"/> radio                      | <input type="checkbox"/> greenhouses  | <input type="checkbox"/> silos   | <input type="checkbox"/> mobile homes                        | <input type="checkbox"/> waste water treatment plants |
| <input type="checkbox"/> signs  | <input type="checkbox"/> tanks                      | <input type="checkbox"/> radio  | <input type="checkbox"/> signs   | <input type="checkbox"/> underground or waterborne exposures |   |
| <input type="checkbox"/> inflatable or bubble buildings                             | <input type="checkbox"/> TV or communication towers | <input type="checkbox"/> chemical/petroleum/energy/co-generation facilities |                                  |  |   |
| <input type="checkbox"/> warehouse or distribution centers over 100,000 square feet |   |   |                                  |  |   |

## Section V – Liability Controls / Risk Transfer

1. A copy of the contract that our Insured is using with the General Contractor must be attached to this application. If you are the General Contractor, a copy of the contract that you use with Subcontractors must be attached. Does the contract include the following?
  - a. Hold harmless and indemnification in favor of the applicant  Yes  No
  - b. A provision requiring the applicant to be named as Additional Insured for both ongoing and completed operations by the General Contractor and all Subcontractors hired  Yes  No
  - c. Waiver of subrogation in favor of applicant  Yes  No
2. Does the applicant require the General Contractor to carry the following minimum insurance requirements?  Yes  No
  - a. General Liability occurrence form with limits not less than \$1,000,000 occurrence/\$2,000,000 aggregate to include premises operations and products/completed operations  Yes  No
  - b. Workers' compensation and employers' liability with limits of at least \$500,000/\$500,000/\$500,000  Yes  No
  - c. Commercial excess/umbrella with limits of at least \$5,000,000  Yes  No
3. Does the applicant obtain and keep records of current certificates of insurance from the general contractors and all subcontractors?  Yes  No
4. Is the building locked and secured from any unauthorized entry when work is not taking place?  Yes  No
5. Is a watchman on premises 24 hours per day?  Yes  No
6. Is applicant operating in full compliance with federal, state and local regulations and licensing requirements?  Yes  No
7. Who is responsible for premises/sidewalk maintenance (including snow/ice removal)? \_\_\_\_\_  Yes  No
8. Does applicant have a formal risk control and safety plan in place?  Yes  No
9. Are regular safety meetings held with employees and subcontractors?  Yes  No

## Fraud Warning

**Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.**

**ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

**COLORADO:** It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA:** 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 materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

**FLORIDA and OKLAHOMA:** Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

**KANSAS:** An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

**MAINE:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

**NEW YORK:** 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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

**OHIO:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**OREGON:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**TENNESSEE and WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

## Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

### Applicant:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.**

Name of Producing Agency: \_\_\_\_\_

Signature of Producing Agent: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY**