**Date:**

**Name:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| The Project Name | |  | | |
| Name of the Builder/GC | |  | | |
| Billing Entity Name | |  | | |
| Is this a Wrap or Project Specific Project? | | Wrap  Project Specific  Annual Practice  Global | | |
| If project-Project Location | |  | | |
| Type of Construction | | Condo / Townhome  Single family – detached  Apartments Commercial  Renovations  Other | | |
| Est. Total Number of Subs/Vendors | | Tracking at Project Level? Yes  No | | |
| How many divisions/regions? | |  | | |
| Will Compliancy Forms be obtained? | | Yes  No  Schedule of Forms & Endorsements? Yes  No | | |
| Tracking Start Date? | |  | | |
| How will Sub/Vendor Data be provided? | |  | | |
| How will existing certificates be provided | | Will existing certs need to be reviewed and uploaded? Yes  No | | |
| **KEY PROJECT PERSONNEL** | | | | |
| **BUILDER/GENERAL CONTRACTOR** | | | | |
| Name of Company |  | | | |
| Primary Contact |  | | Alternate Contact |  |
| Title |  | | Title |  |
| Address |  | | | |
| Best Phone # |  | | Best Phone # |  |
| Alt Phone # |  | | Alt Phone # |  |
| Email |  | | Email |  |
| **INSURANCE BROKER** (if applicable) | | | | |
| Name of Company |  | | | |
| **Key** Contact Name |  | | Project Manager |  |
| Title |  | | Title |  |
| Address |  | | | |
| Best Phone # |  | | Best Phone # |  |
| Alt Phone # |  | | Alt Phone # |  |
| Fax (if needed |  | | Fax (if needed |  |
| Email |  | | Email |  |

**INSURANCE REQUIREMENTS**

**GENERAL LIABILITY INSURANCE**

**Limits**

Per Occurrence-$

General Aggregate-$

Products/Completed Ops-$

**Other Requirements**

Occurrence Based Policy Commercial General Liability Insurance

Additional Insured Endorsement

* CG 20 10 11 85 for Ongoing operations AND Completed Operations OR
* CG 20 10 or CG 20 33 or CG 20 38 or Hannover TMGL 172 10/11 for Ongoing Operations AND
* CG 20 37 or Hannover TMGL 175 10/11 for Completed Operations

If not blanket endorsement that states “where required by written contract” then all entities must be listed.

Waiver of Subrogation Endorsement

Primary/Non-Contributory Insurance Endorsement

Schedule of Forms and Endorsements

Compliancy Statement

**EXCLUSIONS NOT ALLOWED:**

Residential

Condo/Townhomes

Tract Homes

More than       Homes

Subsidence or Earth Movement

Action Over

EIFS

Other

Other

**COMMERCIAL AUTO LIABILITY**

**Limits**

Combined Single Limit-$

**Other Requirements**

Any Auto

Owned Autos

Hired Autos

Non-Owned Autos

Additional Insured Endorsement

Waiver of Subrogation Endorsement

**WORKERS’ COMPENSATION**

Statutory Limits

Employers Liability

Each Accident-$

Disease Per Employee-$

Disease-Policy Limit-$

Waiver of Subrogation Endorsement

**PROFESSIONAL LIABILITY**

Limits

Per Claim-

Annual Aggregate-

**EXCESS/UMBRELLA**

Minimum Limits-

Excess over:

General Liability

Auto

Employer’s Liability

Professional Liability

Schedule of Underlying Coverages Required

**Additional Insured Entities**