**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**

*
*
*
*
*