 Form-1 Project Information Form (PIF)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date: | |  | | |  | | | |  | | | | | |
| Project Name: | |  | | | The entity that is selling the units  (if for sale …OK if not sure at this time | | | |  | | | | | |
| Owner/Developer Name | |  | | | GC Name  (If Different than Developer) | | | |  | | | | | |
| Is there a contract between the Owner and the GC? | | YES  NO  Do not know  Owner is also GC | | | Expected Carrier is: | | | | Program Type:  OCIP  CCIP | | | | | |
| Project Type | | Condo  Townhome  Single family – detached  Apartments Mixed use Condo Conversion  Other: | | | | | | | | | Total # of Units | | Total # of Buildings | |
| Project Address: | |  | | | | | | | | | | | | |
| Construction Estimated Hard Costs |  | | | # of Phases |  | Start date |  | Framing Start date | |  | | Est Project Duration  (Months) | |  |
| **KEY PROJECT PERSONNEL** | | | | | | | | | | | | | | |
| **OWNER / DEVELOPER** | | | | | | | **GENERAL CONTRACTOR** | | | | | | | |
| Name of Company | | |  | | | | Name of Company | | |  | | | | |
| Primary Contact | | |  | | | | Primary Contact | | |  | | | | |
| Title | | |  | | | | Title | | |  | | | | |
| Address | | |  | | | | Address | | |  | | | | |
| Best Phone # | | |  | | | | Best Phone # | | |  | | | | |
| Email | | |  | | | | Email | | |  | | | | |
| **Insurance Agent/Broker** | | | | | | | **Insurance Wholesale Broker** | | | | | | | |
| Name of Company | | |  | | | | Legal Billing Entity Name | | |  | | | | |
| Primary Contact | | |  | | | | Primary Contact | | |  | | | | |
| Title | | |  | | | | Title | | |  | | | | |
| Address | | |  | | | | Address | | |  | | | | |
| Best Phone # | | |  | | | | Best Phone # | | |  | | | | |
| Email | | |  | | | | Email | | |  | | | | |
| **Person to Contact for Site Safety Liability Inspection** | | | | | | | **Person to Receive Invoice for Services** | | | | | | | |
| Name of Company | | |  | | | | Name of Company | | |  | | | | |
| Primary Contact | | |  | | | | Primary Contact | | |  | | | | |
| Title | | |  | | | | Title | | |  | | | | |
| Address | | |  | | | | Address | | |  | | | | |
| Best Phone # | | |  | | | | Best Phone # | | |  | | | | |
| Email | | |  | | | | Email | | |  | | | | |
|  | | |  | | | |  | | |  | | | | |
| **Additional Contact Person** | | | | | | | **Additional Contact Person** | | | | | | | |
| Name of Company | | |  | | | | Name of Company | | |  | | | | |
| Primary Contact | | |  | | | | Primary Contact | | |  | | | | |
| Title | | |  | | | | Title | | |  | | | | |
| Address | | |  | | | | Address | | |  | | | | |
| Best Phone # | | |  | | | | Best Phone # | | |  | | | | |
| Email | | |  | | | | Email | | |  | | | | |



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|  |  |
| --- | --- |
| **Key Questions to be determined with assistance from Paladin Risk Management if needed** | |
| **Premium Allocation / Bid Credits**  **(method of calculation)** | Yes  No Do not know  if yes: |
| **SIR / Deductible for GC**  **(method of calculation)** | Yes  No Do not know  if yes: |
| **SIR / Deductible for trades**  **(method of calculation)** | Yes No Do not know  if yes: |
| **Will Paladin be considered to perform Certificate of Insurance Tracking?** | Yes  No Do not know  if yes; (1) Are certificates needed from sub before starting work?  Yes  No  if yes; (2) Are certificates still required after work is completed and until the termination date of wrap-up policy?  Yes  No Do not know  Do not know at this time for (1) and or (2) |

**Additional Project Notes:**