 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 knowif 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:**