

Owners Interest Application

ATTACH ADDITIONAL SHEETS AS NECESSARY. ANSWER ALL QUESTIONS. IF NOT APPLICABLE, INDICATE N/A

BROKER INFORMATION											
1. Broker Name: _____											
2. Broker Mailing Address, City, State, Zip: _____											
3. Broker Contact Name: _____					4. Broker Contact Email: _____						
5. Broker Contact Phone: _____											
6. INSURED INFORMATION											
7. Enter Entity Name directly contracting with General Contractor: _____											
8. DBA Name (if different from main company name): _____											
9. Primary Named Insured Entity Type:											
	Corporation		Individual/Sole Proprietor		Joint Venture						
	Joint Employer		Limited Liability Company (LLC)		Limited Liability Partnership						
	Subchapter S Corporation		Trust/Estate		Trustee/Executor						
	Association		Non-Profit		Religious Organization						
10. Are there any other Named Insureds?									Yes		No
11. Enter the other Named Insureds		_____									
12. Insured Mailing Address:		_____									
13. Insured Contact Name		_____		14. Contact Phone: _____							
15. Insured Contact Email:		_____									
PROJECT INFORMATION											
1. Project Name: _____											
2. Project Address (include all legal project addresses):											

3. Has the project work already begun, or will it begin prior to effective date?									Yes		No
4. Project start date _____											
5. Intended project completion date: _____											
6. Total Construction Costs \$ _____											
7. Does the project involve new construction?									Yes		No
8. Is the project:											
	Residential Use		Commercial Use		Mixed-Use						
9. Indicate the type of Residential Work involved in the project:											
	Custom Homes/Single Family Homes			Townhomes			Condominiums				
	Single Family Tract Homes			Condominium Conversions				Site Work			

10. Indicate the type of Commercial Work involved in the project:									
Apartments			Industrial			General Commercial Space			
Manufacturing/Warehouse			Municipalities			Retail			
Site Work			Hotel			Not applicable			
11. Indicate if the Project involves any of the following work:									
Airports/Runways/Hangars			Amusement Parks/Rides			Stadiums			
None of the above			Not applicable						
12. Is the Airport Work ONLY hangar and/or terminal work?					Yes	No	Not Applicable		
13. Indicate if the Project involves any of the following work:									
Asbestos/lead/mold abatement			EIFS/DEFS			House jacking/lifting			
Parking garages (over 3 stories)/Underneath decks			Waterproofing			None of the above			
14. Indicate if the Project involves any of the following work:									
Blasting			Crane work			Demolition work (under 3 stories)			
Demolition work (3 stories or more)			Pile driving			Scaffolding (over 3 stories)			
Seismic retrofitting			Shoring/underpinning			Tower crane work			
Underground construction			None of the above						
15. Indicate if the Project involves any of the following work:									
Bridge construction			Dam/tunnel/cofferdam work			Maritime/offshore work			
Public roads/streets			Railroads			None of the above			
Not applicable									
16. Indicate the Project's Railroad exposure:									
The project involves work directly on the rail track/rail line			The project only involves adjacency exposure to a rail track/rail line			Not applicable			
17. What Railroad is involved in the project?									
Amtrak			MARC Train			BNSF Railway (Burlington Northern Santa Fe)			
Metra			Canadian National Railway			NJ Transit			
Canadian Pacific Kansas City			Norfolk Southern Railway			CSX Transportation			
Union Pacific Railroad			Other (describe): _____			Not applicable			
18. Indicate if the Project involves any of the following work:									
Chemical pipelines/plumbing			Chemical storage			Cleanroom work			
Hazardous waste removal			Landfill			Medical & Industrial Life Support			
Nuclear			Fuel pipelines			Power plants			
Refineries/Oil & gas fields			Tank construction/repair			None of the above			
Not applicable									
19. How many stories tall is the Project? _____									
20. Number of Condominium/Tract housing units _____									
21. Is any custom or single family home work conducted on homes with a value greater than \$5M?					Yes	No	Not applicable		
22. Does the Project ONLY involve interior work?					Yes	No	Not applicable		

23. Are there any buildings constructed primarily with wood frame exceeding 4 stories in height?		Yes		No		Not applicable
24. Does the Project involve any exterior work at heights greater than 5 stories?		Yes		No		Not applicable
25. Does the Project involve any additions or vertical expansions of four stories or more?		Yes		No		Not applicable
26. Will the building be occupied at any point while the project is under construction?		Yes		No		Not applicable
27. Describe intended occupancy while the project is in progress: _____						
28. Indicate the security measures in place at the project site:						
Cameras		Fencing		Lighting		
Security guards/patrol services		Not applicable				
29. Indicate the party responsible for maintaining sidewalks and pedestrian areas:						
Owner		General contractor		Other: _____		
Not applicable						
CONTRACTOR INFORMATION						
30. General Contractor's Name: _____						
31. General Contractor's Primary General Liability carrier: _____						
32. General Contractor's Excess Liability carrier: _____						
33. General Contractor's General Liability per occurrence limit (primary & casualty combined) _____						
34. Is the Primary Named Insured listed as an Additional Insured on the General Contractor's General Liability policy?					Yes	No
35. Is the General Contractor waiving its right to subrogation against the Named Insured AND providing the primary Named Insured with a Hold Harmless Agreement in the Primary Named Insured's favor?					Yes	No
36. Has the General Contractor had any general liability losses of \$250,000 or more in total incurred in the last 5 years?					Yes	No
						Not applicable
37. Enter the General Contractor losses: _____						
38. Is the Named Insured directly hiring the demolition contractor?					Yes	No
						Not applicable
39. Demolition contractor name: _____						
40. Demolition contractor's combined Primary and Excess CGL per occurrence limit: _____						
41. Total demolition costs for the project: _____						
42. Indicate how the demolition is being performed:						
Ball & chain		Cranes		Excavators/bulldozers		
Explosives		Manually		Not applicable		
43. How long will the demolition take place (in months)? _____						
44. Is the Named Insured directly hiring the Crane Contractor?					Yes	No
						Not applicable
45. Crane Contractor Name: _____						
46. Crane Contractor's combined Primary & Excess CGL per occurrence limit: _____						
47. Total Crane costs for the project: _____						
SUBCONTRACTOR INFORMATION						
48. Is the primary Named Insured directly paying, contracting or supervising subcontractors					Yes	No
49. For what operations is the Primary Named Insured paying, contracting or supervising contractors?						
Asbestos removal		Blasting		Carpentry		
Concrete		Crane		Demolition		
Doors & windows		Drilling		Drywall		
Electrical		None of the above		Not applicable		

50. For what operations is the Primary Named Insured paying, contracting or supervising subcontractors?					
Excavation		Fire sprinklers		HVAC	
Insulation		Land grading		Maintenance	
Masonry		Mechanical		Painting	
Plastering		None of the above		Not applicable	
51. For what operations is the Primary Named Insured paying, contracting or supervising subcontractors?					
Plumbing		Roofing		Scaffolding	
Sewer		Steel ornamental		Steel structural	
Streets & roads		Traffic control		Water, gas & utilities	
Other		None of the above		Not applicable	
52. Describe other subcontracted operations: _____					
53. Are all subcontractors required to waive their right to subrogate against the General Contractor AND the Primary Named Insured?		Yes	No	Not applicable	
54. Are all subcontractors required to list the Primary Named Insured as an Additional Insured for ongoing operations and completed operations?		Yes	No	Not applicable	
ADDITIONAL INSURED INFORMATION					
55. Are there any Additional Insureds? (Note: CG 20 18 automatically provided on blanket basis)				Yes	No
56. List the Additional Insureds:					
_____		_____			
_____		_____			
POLICY INFORMATION					
57. Desired Policy Effective Date: _____					
58. Desired Policy Expiration Date: _____					
59. Indicate desired deductible:					
\$2,500		\$5,000		\$10,000	
\$25,000		Other: _____			
60. Indicate desired per occurrence limit:					
\$1,000,000		\$2,000,000		\$3,000,000	
\$4,000,000		\$5,000,000		\$6,000,000	
\$7,000,000		\$8,000,000		\$9,000,000	
\$10,000,000		Other: _____			
61. Indicate desired aggregate limit:					
1X per occurrence limit		2X per occurrence limit		3X per occurrence limit	
Other: _____					
62. Indicate TRIA preference:					
Accept		Reject		Not applicable	
63. Is Extended Products & Completed Operations Coverage desired?				Yes	No
64. Is Subsidence coverage desired?				Yes	No

65. Indicate the desired type of Pollution Coverage				
	Total Pollution Exclusion with a building heating, cooling and dehumidifying equipment exception and a hostile fire exception		Total Pollution Exclusion with a hostile fire exception	
Total Pollution Exclusion				
PRIOR WORK INFORMATION				
66.	Is the prior work done on the project ONLY demolition work?		Yes	No
				Not applicable
67.	Describe the work completed to date: _____			
68.	Total costs completed to date: _____			
69.	Is the Contractor responsible for the prior work on the project the same as the General Contractor responsible for work on the project going forward?		Yes	No
				Not applicable
70.	Name of General Contractor responsible for prior work completed: _____			
71.	Prior General Contractor's General Liability Carrier: _____			
72.	Prior General Contractor's combined Primary and Excess CGL per occurrence limit: _____			

FRAUD WARNINGS

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.) **(Not applicable in AL, AR, CA, CO, DC, FL, KS, KY, LA, ME, MD, NJ, NM, NY, OK, OR, PA, PR, RI, TN, VA, WA, WV)**

Applicable in Alabama, Arkansas, District of Columbia, Louisiana, Maryland, New Mexico, Rhode Island, and West Virginia: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison.

Applicable in California: For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Applicable in 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.

Applicable in Florida and Oklahoma: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony. (In FL, a person is guilty of a felony of the third degree.)

Applicable in Kansas: 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, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or 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 commercial or personal 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 commits a fraudulent insurance act.

Applicable in Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Applicable in Maine, Tennessee, Virginia 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 or a denial of insurance benefits.

Applicable in Puerto Rico: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or

any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

REPRESENTATIONS

Verus Specialty Insurance, a Berkley Company, is authorized to make any inquiry in connection with this application. Signing this application does not bind Verus Specialty Insurance or the Company to provide or the Applicant to purchase the insurance.

This application, information submitted with this application, and all previous applications and material changes thereto of which Verus Specialty Insurance or the Company receives notice is on file with Verus Specialty Insurance and is considered physically attached to and part of the policy if issued. Verus Specialty Insurance and the Company will have relied upon this application and all such attachments in issuing the policy. If the information in this application or any attachment materially changes between the date this application is signed and the effective date of the policy, the Applicant will promptly notify Verus Specialty Insurance, who may modify or withdraw any outstanding quotation or agreement to bind coverage.

WARRANTY

I/We warrant to Verus Specialty Insurance and the Company, that I/We understand and accept the notice stated above and that the information contained herein is true and that it shall be the basis of the policy and deemed incorporated therein, should Verus Specialty Insurance and the Company evidence its acceptance of this application by issuance of a policy. I/We authorize the release of claim information from any prior insurer to Verus Specialty Insurance or the Company.

It is understood and agreed that prior to the inception date of the policy no applicant knew, nor could have reasonably foreseen, any negligent act, error or omission or breach of professional duty, or personal injury or other circumstances that reasonably might result in a Claim covered by this policy.

Name of Applicant:		
Signature of person authorized to execute on behalf of the applicant:		Date:
Print Name and Title of person authorized to execute on behalf of the applicant:		
Name and address of Broker:		

A copy of this application should be retained for your records.

California residents: Please see our **CCPA Notice of Collection of Personal Information** available at <https://www.berkley.com/privacy#californiaConsumerPrivacyPolicy>