

Course of Construction Transmittal Sheet

Agency Contact Name: _____

Contact Email: _____ Phone: _____

Agency City/Town: _____

Insured Name: _____ Email: _____

Application:

- Be sure to answer ALL questions and fields unless answer is not applicable.

Notes:

- *New Construction only.* No modular, manufactured, mobile homes, open pier/stilt, row or town homes, green or experimental or any other type of non-conventional building.
- All relevant permits should be in place.
- Applicant must be named as Additional Insured on the Contractors GL policy.
- Applicant cannot be Contractor performing any of the work.
- Written and executed contract with Contractor must be in place.
- Copy of the in-force Contractor CGL certificate of insurance with insured as additional insured within 30 days of binding.
- Contractors and/or Sub Contractors cannot be added as Additional Insureds.

**Submit completed application via email to Jackson Le at
jle@massagent.com or fax to 508-634-2930.**

APPLICANT DETAILS

Name and Mailing Address of Applicant: _____

State _____ Zip code _____

Telephone _____ Email _____

Address of Property to be Insured: _____

State _____ Zip code _____

Name and Address of Retail Broker: _____

State _____ Zip code _____

PROPERTY CONTACT DETAILS

Contact Name _____

Telephone _____ Email _____

COVERAGE AND PROPERTY DETAILS

23. Period of Insurance: 3 Months 6 Months 9 Months Annual 24. Enter Protection Class: _____ 24a. Effective Date: _____

25. Completed Value of newly constructed building: _____

26. Total Square Footage of Proposed Final Structure: _____

27. Construction Type: Fire Resistive Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive Non Combustible

28. Are there any Other Structures to be insured: Yes No 29. Value of Other Structure(s): _____

30. Please provide a brief description of the other structure: _____ 31. Number of Floors: _____

32. Wind Hail Deductible per occurrence: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

33. All Other Perils Deductible: \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 \$15,000 \$25,000

34. Type of Quote: Basic Special

35. Estimated Renovation or Construction Work Project Costs: _____

36. Basis of Loss Settlement: ACV RCV

37. Description of New Construction Works: _____

38. What is the CGL Limit carried by the Contractor: 300k 500k 1m

39. Is Vandalism and Malicious Mischief cover required: Yes No

40. Do you wish to buy coverage for Theft of Building Materials: Yes No

41. Is the property properly secured against unauthorized entry? Yes No

42. Coverage provided: Sub limit: \$25,000 occurrence/aggregate Deductible: \$2,500 each and every occurrence Additional Premium: \$250.
Do you wish to purchase? Yes No

43. Is TRIPRA coverage required: Yes No

44. Premises Liability: Yes No

45. Premises Liability Limits:
\$100,000 \$300,000 \$500,000 \$1,000,000

46. Please select type of Security at Location to be insured: Fenced and/or Gated Guarded Automatic Sprinkler System
Active Central Station Fire Alarm Active Central Station Burglar Alarm Lighting on property location None

47. Have there been any insured or uninsured losses at the location where the new construction is planned to be insured? Yes No

Describe all prior losses or claims including the date, the nature or occurrence, the status, the amount, and whether the damage has been repaired: _____

48. Prior use of Land, when last occupied: _____

49. If required, please enter details of Additional Insured: _____

DECLARATION

THE ANSWERS GIVEN IN THIS APPLICATION ARE CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THESE ANSWERS WILL FORM PART OF A POLICY THAT IS SUBSEQUENTLY OFFERED. I ALSO UNDERSTAND THAT ANY FALSE STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRETY OR RESULT IN A CLAIM BEING DENIED.

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 THE PERSON TO CRIMINAL AND (NY: SUBSTANTIAL) CIVIL PENALTIES. (NOT APPLICABLE IN CO, HI, NE, OH, OK, OR, VT FOR WHICH SEE ATTACHED). IN DC, LA, ME, TN AND VA, INSURANCE BENEFITS MAY ALSO BE DENIED.

Applicant's Signature _____ Retail Broker's Signature _____
Date _____ Date _____