

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.

GROUND UP COURSE OF CONSTRUCTION APPLICATION FORM

THE ANSWERS TO THESE QUESTIONS FORM PART OF AN APPLICATION FOR INSURANCE ONLY. NOTHING IN THIS APPLICATION SHALL BE DEEMED AN AGREEMENT TO PROVIDE INSURANCE AND UNDERWRITERS MAY DECLINE TO OFFER COVERAGE OR OFFER COVERAGE ON TERMS THAT DIFFER FROM THE COVERAGE SOUGHT BY THE APPLICANT.

ELIGIBILITY QUESTIONS

In which state is the property to be insured:						
2. Please confirm the type of property to be insured:	Residential	Commercial	Farm	Other		
3. Has the applicant had any policy of property insurance requests? (other than vacancy)	fused, cancelle	d or non-renewed	in the past 3	3 (three)	Yes	No
4. Has the applicant ^ç^¦Ábeen ¾ ç[ç^åÆşÁæ} Áæ} ^Áææ} \ l`] œ° Æ	Á¦[&^^åð]*•Áæ)	åÐ; Á&[}çã&c^å Á; -Ás	±9•[}Á(¦ã)•`	¦æ), &^Á√;æ åÑÁ		
5. Is the property to be insured subject to mortgage foreclose	ure proceeding	s or tax liens?				
6. Is the property to be insured subject to more than two (2) provided by an individual or entity other than a financial instit	~ ~	ther encumbrance	s, OR one (1) mortgage		
7. Is the new construction located in a high crime neighbourh	nood?					
8. Will the new structure exceed 3 (three) stories or 20,000 so	quare feet?					
9. Has the construction work already begun?					Yes	No
10. Does the new construction involve: (1) one or more parts more parts of a structure built with an open pier or a stilt; (3) structure that is a mobile home, a dome home, a row home, home, an experimental home or any other non-conventional	a structure that a town home, a	t is modular or mar	nufactured;	or (4) a		
11 . Does the construction work involve any of the following: ostructure, lead, asbestos or other pollutant abatement?	demolition or ur	derpinning of an e	xisting buildi	ng or		
12. Is the property to be insured located in a landslide area, the brush clearance?	forest fire area,	or brush fire area	with less tha	an 200 feet of		
13. Does the applicant own the property to be insured?					Yes	No
14. Is the applicant acting as Contractor?					Yes	No
15. Are all relevant permits in place and is the Contractor lice	ensed?				Yes	No
16. Do you presently possess a written contract with the Con	ntractor that the	Contractor has ex	ecuted?		Yes	No
17. Are there any agreements (including but not limited to hol provision) in place which would relieve any contractors or we				ner contractual	Yes	No
18. Are there any documents providing a breakdown of the p	rojected cost of	the work?			Yes	No
19. Does the Contractor carry commercial general liability insur. \$1,000,000? Has the Contractor provided a certificate of insura performed for the applicant?					Yes	No
20. Is the applicant named as an Additional Insured on Contr	ractor general li	ability policy?			Yes	No
21 . Will the property be secured against unauthorized entry t unattended?	throughout the	policy period when	the property	y is	Yes	No
22. Is the applicant performing any of the work?					Yes	No

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 Email Telephone **COVERAGE AND PROPERTY DETAILS** 24a. Effective Date: __ 23. Period of Insurance: 3 Months 6 Months 9 Months 24. Enter Protection Class: Annual **25**. Completed Value of newly constructed building: **26**. Total Square Footage of Proposed Final Structure: 27. Construction Type: Fire Resistive Non Combustible Frame Joisted Masonry Masonry Non Combustible Modified Fire Resistive 28. Are there any Other Structures to be insured: Yes 29. Value of Other Structure(s): No **30.** Please provide a brief description of the other structure: **31.** Number of Floors: \$2,500 \$5,000 \$15,000 \$25,000 32. Wind Hail Deductible per occurrence: \$1,000 \$7,500 \$10,000 33. All Other Perils Deductible: \$1,000 \$7,500 \$10,000 \$15,000 \$25,000 \$2.500 \$5.000 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 Yes No 40. Do you wish to buy coverage for Theft of Building Materials: 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 Yes Nο 43. Is TRIPRA coverage required: 44. Premises Liability: Yes No 45. Premises Liability Limits:

\$500,000

\$1,000,000

\$100,000

\$300,000

46. Please select type of Security at Location to be insured:	Fenced and/or Gated	Guarded	Automatic Sprinkler System			
Active Central Station Fire Alarm	ation Burglar Alarm	Lighting on property	y location	None		
47. Have there been any insured or uninsured losses at the	ocation where the new co	onstruction is planned	to be insured?	Yes	No	
Describe all prior losses or claims including the date, the nat repaired:	ure or occurrence, the sta	tus, the amount, and	whether the dam	nage has	been	
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 COR ANSWERS WILL FORM PART OF A POLICY THAT IS SUI STATEMENT MAY VOID THE INSURANCE IN ITS ENTIRE	BSEQUENTLY OFFERED	D. I ALSO UNDERSTA	AND THAT ANY		HESE	
ANY PERSONWHO KNOWINGLY AND WITH INTENT TO APPLICATION FOR INSURANCE CONTAINING ANY MAT MISLEADING INFORMATION CONCERNING ANY FACT I CRIME AND SUBJECTS THE PERSON TO CRIMINAL AN OK, OR, VT FORWHICH SEE ATTACHED). IN DC, LA, ME	ERIALLY FALSE INFOR MATERIAL THERETO CO D (NY: SUBSTANTIAL) C	MATION, OR CONCE DMMITS A FRAUDUL CIVIL PENALTIES. (NO	EALS FOR THE ENT INSURAN OT APPLICABL	PURPOS CE ACT, E IN CO,	E OF WHICH IS A	
Applicant's Signature	Retail Broker's Signatur	e				
Date	Date					