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| **Section I - TO BE COMPLETED BY BROKER**  Insured:  Existing Policy/Quote Number:  Property Address:  Person to be contacted for Inspections: (name and phone #) |
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| **Section II – TO BE COMPLETED BY CONTRACTOR**  General Contractor Name and Address:  General Contractor Phone #:  Site Foreman and/or Project Manager’s Name and Phone #:  Is the General Contractor hiring sub-contractors:  Does the contract between the insured and the General Contractor contain a Waiver of Subrogation?  Summary of the two most recent projects and their size:  1)  2)  Contractor loss history including: description of loss(es), any ongoing or historical lawsuits, and claims dollars paid. |

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**Section III – Site Information – TO BE COMPLETED BY CONTRACTOR**

Name of responding Fire Department: Distance \_\_\_\_\_\_\_\_\_ miles

Project Start Date:

Date of Enclosure:

Completion Date:

Square Footage before renovation started:

Total home living space square footage when renovations complete:

What is the cost/budget of the renovations?

What will be the completed replacement cost of the home?

What will be the completed value of the Other Structures (if under construction)?

Provide a description of the renovation project:

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**Section IV – SITE REQUIREMENTS (all requirements are mandatory subject to PCG Risk Management Services review)**

**Temporary or Permanent Central Station Fire Alarm**, are in place, or will be in place once the envelope of the structure is enclosed (roof, walls, doors and windows)

**Temporary or Permanent Central Station Burglar Alarm** are in place, or will be in place once the envelope of the structure is enclosed (roof, walls, doors and windows)

**Fire Extinguishers** (ABC rated and at least 10 pounds capacity) – are placed every 1,000 feet on all floors of the property address

**Proper disposal/storage of flammable materials**- all flammable materials such as rags must be stored in an UL approved fireproof/air tight container during non-use or removed from the job site daily at the end of eac working day.

**Daily debris removal** - All debris, particularly sawdust must be removed daily from structure and disposed of, or stored a reasonable distance away from all structures.

**Section IV – SITE REQUIREMENTS (all requirements are mandatory subject to PCG Risk Management Services review) - continued**

**Daily sight review** - the site supervisor or General Contractor must complete a safety inspection by walking through the job site prior to securing it for the night to confirm proper storage of flammable, liquids and materials.

**No smoking** is allowed inside any structure(s) – No Smoking Signs must be posted throughout the job site.  A smoking area may be designated on the job site, but must be outside any structure.

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**Section V – ADDITIONAL REQUIREMENT(S) noted by PCG Underwriter (must be submittedwith completed application)**

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**Section VI –REQUIRED DOCUMENTATION (must be submitted with completed application)**

General Contractor Certificate of Insurance showing limits of liability carried for General Liability and Workers’ Compensation

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**Section VII –Fraud Warnings – MUST BE READ BY CUSTOMER, BROKER AND CONTRACTOR**

**Arkansas, Florida, Kentucky, Michigan, Minnesota, New Jersey and New York Fraud Warning**: Any Person who knowingly and with intent to defraud an insurance company or another person files an application of 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 (NY: substantial) criminal and civil penalties. **Colorado Fraud Warning**: 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 policy holder or claimant for the purposes of defrauding or attempting to defraud the policy holder 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. **Delaware Fraud Warning**: A person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony. **California Fraud Warning**: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. **Indiana Fraud Warning:** A person who knowingly and with intent to defraud an insurer files a statement of a claim containing any false, incomplete or misleading information commits a felony. **Maine Fraud Warning**: 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 denial of insurance benefits.  **Minnesota Notice of Possible Cancellation**: The insurer may elect to cancel coverage at any time during the first 59 days following issuance of the coverage for any reason which is not specifically prohibited by the statute. **New Mexico Fraud Warning**: Any person who knowingly present a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties. **New** **York Automobile Fraud Warning**: Any person who knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the department of motor vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation. **Ohio Fraud Warning**: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application, or files a claim containing a false or deceptive statement is guilty of insurance fraud. **Oklahoma Fraud Warning**: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony. **Pennsylvania Fraud Warning**: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing 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 such person to criminal and civil penalties. **Virginia Fraud Warning**: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**Section VIII – Signature Block – TO BE COMPLETED BY CUSTOMER, CONTRACTOR AND BROKER**

I warrant that I have read this application in its entirety and declare that to the best of my knowledge and belief the information I provide herein is complete, true and correct.

Insured’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Contractor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_