



OWNERS INTEREST QUESTIONNAIRE

GENERAL INFORMATION:

Primary Ownership Entity Name: _____

Owner's Mailing Address: _____

Owner's Website: www._____

Other requested Named Insureds (include name, role/function on the project, relationship to Primary Ownership Entity): _____

If the Insured is a Limited Liability Company, please list the members of the LLC:

PROJECT DETAILS:

1. Project name: _____

2. Project address: _____

3. Project estimated start and completion dates: _____

4. Is the project **financed** or **self-funded** (circle one)?

5. **In detail**, describe the scope of work for this project **AND** end use of the project:

<u># of units</u>	<u># of stories</u>	<u>Total Bldg Area (sq ft)</u>	<u>Total Lot Area (sq ft)</u>	<u>Construction Type (frame, concrete, etc.)</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

6. What are the total **Construction Costs** of this project? \$ _____
Definition: "Construction Costs" means the total cost for all work performed during the policy period by you or for you by independent contractors and/or subcontractors at all levels.
Inclusions: a. The cost of all labor including, but not limited to, executive supervisors, supervisors, project managers and any other similar employees, materials, equipment and supplies furnished, used or delivered for use in the execution of such work, whether furnished by the owner, by the contractors, or by subcontractors at any level. b. General conditions, contingency fees, overhead and profit.
Exclusions: Soft costs, including but not limited to, the cost of land acquisition, financing (including lender's fees), insurance premiums, attorneys, environmental audits, architectural fees, engineering fees, design costs, permitting costs, consulting costs and other associated fees shall be deducted from Construction Costs.
7. Does the project involve any of the following (circle all that apply)? **structural bridge work, road/street work, dams, tunnels, airport runways, amusement parks/rides, oil/gas pipes/refineries, power plants, cannabis**
 If any, provide details of work. _____
8. Will there be occupancy during the project (circle one)? **YES / NO**
 If **YES**, complete the following:
 a. Who are the occupants? _____
 b. Will there be separate liability coverage placed for tenant occupancy during construction (circle one)? **YES / NO**
 c. Details on how occupants will be protected from construction activities.

9. Will there be a tower crane used on the project (circle one)? **YES / NO**
10. Who is responsible for maintaining walkways/sidewalks during the project (circle one)?
OWNER / GC / Other: _____
11. What site protections are/will be in place on the project (circle all that apply)? **site fencing, security personnel, security cameras, key/card access, subcontractor check-in log, Other:** _____
12. Who is the General Contractor? _____
 a. What type of General Liability policy will they have for this project (circle one)?
PRACTICE / PROJECT / OTHER: _____
 b. What liability limits will they carry (circle all that apply)? **1/2/2 GL / 5M EXCESS**
Other limits: _____
 c. Will you require the General Contractor to defend, indemnify and hold you harmless from their activities and name you as an Additional Insured, including for Completed Operations as part of the written contract (circle one)? **YES / NO**
 d. Has the GC incurred any losses over \$250,000 during the past 5 years? **YES / NO**
If YES, please provide written details in a separate document.
13. Is the owner, paying, contracting or supervising any subcontractors other than the General Contractor (circle one)? **YES / NO**
 If **YES**, please explain. _____

14. Will there be a Builder's Risk policy in place for this project (circle one)? **YES / NO**
15. Will there be any demolition prior to construction (circle one)? **YES / NO / DEMO IS DONE**

If **YES**, please complete the following:

- a. What is being demolished? _____
- b. How many stories? _____
- c. Who will perform the demolition? _____

16. Has work started on the project (circle one)? **YES / NO**

If **YES**, please complete the following:

- a. When did work start? _____
- b. What work has been completed to date? _____
- c. What are total Construction Costs that have been completed to date? \$ _____
- d. Was there a different General Contractor responsible for the prior completed work (circle one)? **YES / NO**

If **YES**, who and explain the situation? _____

- e. Was there liability coverage in place for prior work (circle one)? **YES / NO**
If **YES**, who is/was insured, carriers, limits, project, wrap, practice, etc.? _____

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Inspection contact name: _____

Inspection contact email: _____

Inspection contact phone number: _____

Audit contact name: _____

Audit contact email: _____

Audit contact phone number: _____

WARRANTY: The purpose of this Owners Interest Questionnaire is to elicit material information regarding the risk the Applicant is seeking to have underwritten and insured. Information contained herein is specifically relied upon in the determination of entering into an insurance contract. Material misstatements or errors made on this Owners Interest Questionnaire, or omissions of material information from any responses, may provide a basis for the rescission of any insurance policy issued to the Applicant at any time during the term of the policy. The undersigned, therefore, warrants that the information contained herein or provided herewith is true, correct and accurate in all material respects and does not omit to state a material fact necessary in order to make the statements made, in the light of the circumstances under which they were made, not misleading.

Printed Name of Applicant: _____

Signature of Applicant: _____

Title of Applicant: _____

Date: _____