



**PROBUILDERS CONDO CONVERSION APPLICATION**

**1. GENERAL INFORMATION:**

Producer name: \_\_\_\_\_  
Producer address: \_\_\_\_\_  
Producer telephone: \_\_\_\_\_  
Producer contact name: \_\_\_\_\_  
Producer fax: \_\_\_\_\_  
Producer e-mail: \_\_\_\_\_

Applicant name: \_\_\_\_\_  
 Individual     Partnership     Corporation     Joint Venture     LLC     Other

Applicant street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Applicant mailing address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone number \_\_\_\_\_

Inspection contact name: \_\_\_\_\_

Years in business under current name \_\_\_\_\_

Have you conducted business under any other corporate name, whether still existing or dissolved? Yes  No

If yes, provide details \_\_\_\_\_

Total years experience as a contractor \_\_\_\_\_

Contractor license number (s) \_\_\_\_\_

Licensed state (s) \_\_\_\_\_

Tax id number \_\_\_\_\_

**2. PROJECT TEAM – BACKGROUND/EXPERIENCE:**

A. Project Sponsor (Name of Sponsor, contact-person, mailing address, and phone number):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe past Residential construction experience of the Sponsor:

\_\_\_\_\_  
\_\_\_\_\_

B. Project Architect (Name of Architect/Engineer, contact-person, mailing address, and phone number):

\_\_\_\_\_  
\_\_\_\_\_

Describe Architect's past Residential experience:

\_\_\_\_\_  
\_\_\_\_\_

Select Yes or No if electing coverage for Project Architect Yes  No

Note: Professional Liability Coverage is excluded.



C. Project General Contractor

Name of General Contractor (contact-person, mailing address, and phone number): \_\_\_\_\_

Describe past Residential construction experience of the General Contractor (such as the number and types of residential structures built): \_\_\_\_\_

General Contractor – number of years in business: \_\_\_\_\_

General Contractor – License number(s) & State(s) \_\_\_\_\_

General Contractor – number of years building residential structures: \_\_\_\_\_

D. In the past 3 years, have you been fired or replaced on a job in progress?  Yes  No

(i) In the past 3 years have you replaced another contractor on a job in progress?  Yes  No

If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. PROJECT DETAILS:

Project Description: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Address: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date: \_\_\_\_\_

Has Financing Been Secured?  Yes  No

What Is The Source Of Financing? \_\_\_\_\_

Name of Loss Control Contact, mailing address & phone number: \_\_\_\_\_

Estimated Gross Receipts for Project \_\_\_\_\_

Estimated Total Construction Costs for Project Term \_\_\_\_\_

Estimated Field Payroll (All Contractors) \_\_\_\_\_

<u>Project Details:</u>	# of Units	# of Buildings	# of Stories	Construction Type (wood frame, concrete, etc.)
Townhouses:	_____	_____	_____	_____
Condominiums:	_____	_____	_____	_____



Scope of conversion work to be done: \_\_\_\_\_  
\_\_\_\_\_

Year Building(s) was originally built: \_\_\_\_\_  
Any major upgrades/renovations since the original construction:  Yes  No  
If Yes, please explain in detail. Include date(s) of upgrades/renovation \_\_\_\_\_  
\_\_\_\_\_

Will plumbing/HVAC be replaced?  Yes  No  
Will the building(s) be occupied during the construction/conversion process?  Yes  No  
Will the roof(s) be replaced?  Yes  No  
Will all of the windows be replaced?  Yes  No  
Will all of the doors be replaced?  Yes  No  
Will the project involve any structural renovations?  Yes  No  
Will the Building be retro-fitted for Earthquake protection?  Yes  No  
Are there any exposure to hillsides, slopes, landfill or other potential subsidence areas?  Yes  No

Description: \_\_\_\_\_  
\_\_\_\_\_

Was the site previously developed?  Yes  No  
Description: \_\_\_\_\_  
\_\_\_\_\_

Please be sure to include complete details of any previous site improvements which will be party of the final project.  
Will the project involve any demolition of existing structures?  Yes  No  
Description: \_\_\_\_\_  
\_\_\_\_\_

Will the project involve the construction or renovation of pools?  Yes  No  
Description: \_\_\_\_\_  
\_\_\_\_\_

Will the project involve the construction or renovation of a common area playground?  Yes  No  
Description: \_\_\_\_\_  
\_\_\_\_\_

Will any of your projects involve caissons, cantilevers, piers, retaining walls, shoring, underpinning, or other heavy structural engineering techniques?  Yes  No  
Description: \_\_\_\_\_  
\_\_\_\_\_

If retaining walls have been or will be built, maximum height: \_\_\_\_\_ ft.

Will you perform work above two stories in height?  Yes  No  
If so, what percentage? \_\_\_% Maximum height: \_\_\_\_\_ ft.

Will you perform any work below ground level?  Yes  No  
If so, what percentage? \_\_\_% Maximum depth: \_\_\_\_\_ ft.

Does applicant always check with local utilities authority before digging?  Yes  No  
Does applicant employ independent services to ascertain location of utilities?  Yes  No  
If yes, provide name of Service \_\_\_\_\_



4. **RISK MANAGEMENT:**

A. Pre-Construction Operations

(i) Are there any known pollution exposures on jobsite?  Yes  No  
If yes, describe known pollution exposures on jobsite (include environmental reports): \_\_\_\_\_

(ii) Were there any significant design or material selection decisions made to prevent claims?  Yes  No  
If yes, please provide specific details of such decisions? \_\_\_\_\_

(iii) Does the General Contractor have a formal subcontractor pre-qualification program?  Yes  No  
If yes, please provide specific details of their program? \_\_\_\_\_

B. Quality Control Program

(i) Does the Named Insured have a Quality Control Program in effect to monitor all construction activities?  Yes  No  
If yes:

(a) Who is responsible for managing the program? \_\_\_\_\_

(b) Briefly describe the program and/or attach a copy of the program to this questionnaire: \_\_\_\_\_

(ii) Does the Named Insured have a written Site Inspection Program?  Yes  No

If yes:

(a) When are the inspections performed? \_\_\_\_\_

(b) Are surprise inspections conducted?  Yes  No

(c) Who determines the inspection schedule? \_\_\_\_\_

(d) Who conducts the inspections? \_\_\_\_\_

(e) Briefly describe the established criteria for required follow-up: \_\_\_\_\_

(iii) Does the Named Insured have any Independent Inspections/Assessments performed?  Yes  No

If yes:

(a) Who is providing this service? \_\_\_\_\_

(b) Briefly describe the scope of their services and/or attach a copy of their contract to this questionnaire: \_\_\_\_\_

(c) What percentage of units are to be inspected and how often? \_\_\_\_\_



C. Safety Program

(i) Does the Named Insured have written safety program? If yes:  Yes  No

(a) Who is designated as the safety manager on site? \_\_\_\_\_

(1) Is this person on site full time?  Yes  No

(b) Does the program require that there be scaffolding and fall protection?  Yes  No

(1) What height requirement is maintained? \_\_\_\_\_

(c) Does the safety program specifically address:

(1) Site Security?  Yes  No  Not Applicable

(2) Attractive Nuisance?  Yes  No  Not Applicable

(3) Power Lines?  Yes  No  Not Applicable

(4) Traffic Control?  Yes  No  Not Applicable

(5) Utility Identification?  Yes  No  Not Applicable

(ii) Are customers and future customers or other third parties allowed on site?  Yes  No

If yes, \_\_\_\_\_

(a) What precautions are taken to protect third party visitors? \_\_\_\_\_

D. Post Construction Operations

(i) Does the Named Insured have a written procedure for conducting final inspections for each dwelling at completion?

If yes,  Yes  No

(a) Who conducts these inspections? \_\_\_\_\_

(b) Are these final inspections documented?  Yes  No

(c) How long is documentation maintained? \_\_\_\_\_

(ii) Does the Named Insured conduct walk through inspections with the buyers? If yes,  Yes  No

(a) Who conducts these inspections? \_\_\_\_\_

(b) Is a checklist used?  Yes  No

(c) How long is documentation maintained? \_\_\_\_\_

(iii) Will the Named Insured provide a Homeowners Manual to each buyer?  Yes  No

E. Home Warranty Program

(i) Will the Named Insured have a formal customer service department? If yes,  Yes  No

(a) How many years will you have a full time customer service department? \_\_\_\_\_

(b) Who is responsible for customer service? \_\_\_\_\_

(1) Is this person on site full time?  Yes  No

(c) Does the Named Insured solicit and obtain homeowner surveys? If yes,  Yes  No

Briefly describe how survey information is maintained and used: \_\_\_\_\_

(ii) Will the Named Insured provide each buyer with a Home Warranty? If yes,  Yes  No

(a) Will the Home Warranty be insured by a third party? If yes,  Yes  No

(b) Who is the insurer? \_\_\_\_\_

(c) What is the duration of these policies? \_\_\_\_\_

(d) Are these policies renewable by the dwelling owner?  Yes  No



(iii) Describe how warranty work will be addressed following completion of the project: \_\_\_\_\_

(a) Who will do the warranty repairs? \_\_\_\_\_

(b) Will there be a database monitoring system for the warranty program? If yes,  Yes  No

Briefly describe the system: \_\_\_\_\_

**ADDITIONAL PROJECT INFORMATION WHICH MUST ACCOMPANY THIS QUESTIONNAIRE**

1. Site Map
2. Soil/Geotechnical Report (must be less than one year old)
3. Construction budget
4. Articles of Incorporation/ Bylaws of Corporation
5. Forensic Inspection Report from Pacific Property Consultants (PPC)  
 Contact: Hank Burden – Email: [hburden@ppcexpert.com](mailto:hburden@ppcexpert.com)  
 NOTICE: PBSIC is not responsible for either setting up this requirement or paying any associated fees.

**5. INSURANCE INFORMATION:**

Applicant ever been adjudged bankrupt or insolvent?  Yes  No

If yes, applicant must provide details and include State, Court & Name of Corporation: \_\_\_\_\_

**PRIOR INSURANCE COMPANY INFORMATION:**

PERIOD	POLICY PERIOD	INSURANCE COMPANY	POLICY NUMBER	POLICY PREMIUM	POLICY RATE	POLICY LIMIT	POLICY DED/SIR
Current Year				\$	\$		\$
1 <sup>st</sup> Prior Year				\$	\$		\$
2 <sup>nd</sup> Prior Year				\$	\$		\$

Has the applicant ever been refused a performance bond or had liability insurance cancelled?  Yes  No

Does the applicant carry workers compensation on all of its employees?  Yes  No

**6. LOSS AND CLAIM INFORMATION**

**(Currently Valued, Hard Copy Carrier Loss Runs are Required to confirm loss information below):**

PERIOD	YEAR	TOTAL LOSSES	# OF CLAIMS	LARGEST LOSS	CAUSE OF LARGEST LOSS
CURRENT YEAR		\$		\$	
1 <sup>ST</sup> PRIOR YEAR		\$		\$	
2 <sup>ND</sup> PRIOR YEAR		\$		\$	
3 <sup>RD</sup> PRIOR YEAR		\$		\$	
4 <sup>TH</sup> PRIOR YEAR		\$		\$	
5 <sup>TH</sup> PRIOR YEAR		\$		\$	
6 <sup>TH</sup> PRIOR YEAR		\$		\$	

Are you aware of any facts, circumstances, incidents, situations, damages or accidents that may give rise to a claim or lawsuit (whether valid or not or whether covered by insurance or not)?  Yes  No

IF YES PLEASE COMPLETE THE FOLLOWING:

PROJECT NAME	PROJECT TYPE	NATURE OF YOUR WORK	CLAIMED DAMAGES
			\$
1.			\$
2.			\$
3.			\$
4.			\$
5.			\$



Questions:

Has any local, state or federal government agency or licensing board cited you for violation of any law or regulation or investigated you in the past five years? YES  NO

Within the last five years have you been named in litigation regarding faulty construction? YES  NO

Within the last five years, has any person or entity demanded that you defend them, or hold them harmless, in any claim or lawsuit? YES  NO

Within the last five years has any lawsuit been filed, or claim otherwise been made, against you or your company or any partnership or joint venture of which you have been a member, or your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? For the purposes of this application only, a claim or lawsuit means a receipt of a demand for money, services, arbitration or mediation. YES  NO

If applicant answered any of the above questions with a yes, please provide the following information for each claim and or lawsuit:

PROJECT NAME	PROJECT TYPE	Description of Loss	CLAIMED DAMAGES
1.			
2.			
3.			
4.			
5.			

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ATTENTION:**

1. THE APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
4. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

NOTICE: A POLICY ISSUED BASED ON THIS APPLICATION WOULD BE ISSUED BY YOUR RISK RETENTION GROUP. YOUR RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR YOUR RISK RETENTION GROUP.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE "ISO" INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

SIGNATURE OF APPLICANT:

DATE:

TITLE (OFFICER, PARTNER OR OWNER:

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.

**MAIL, FAX OR E-MAIL APPLICATION TO:**  
NATIONSBUILDERS INSURANCE SERVICES, INC.  
1 Leonardville Road  
Middletown, NJ 07748



**Commodore Insurance Services, Inc.**  
**2000 Powell St, Suite 1005**  
**Emeryville, CA 94608**  
**CA License # 0799348**

**PHONE (770) 257-1777 FAX (732) 909-2466**