

# Arrowhead General Insurance Agency, Inc.



## WRAP-UP Questionnaire 2006-2007 (Revised 10-07-2004)

Named Insured: \_\_\_\_\_

Web Site Address \_\_\_\_\_

1. Does the insured operate as: \_\_\_\_\_.
  - A. General Contractor
  - B. Developer
  - C. Project Manager
  
2. Description of the Wrap-up project, job site & surrounding exposures.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
3.  Attach a copy of the Soils Report for the site.
4.  Attach 5 Years of currently valued company loss runs for prior Wrap Ups.
5.  Attach 5 Years of currently valued company loss runs for the General Contractor.  
 Attach details of all losses in excess of \$25,000.
6.  Attach copy of Quality Control Program.
7.  Attach copy of Homeowner Warranty.
8.  Attach a list of jobs completed in the last three years by type of job & size for the General Contractor.
9.  Attach sample copies of all types of agreements with subcontractors that the insured uses (subcontract agreement, PO, time and material, etc.).
10.  Attach a lists of the following information for loss control survey purposes:
  - (a) The name, title, address and phone number of the insured's management
  - (b) The name and phone number of contact personnel.  
(cellular phone number, if applicable) of the site superintendent.)
11.  Attach a list of payroll by GL class code of enrolled subcontractors.
12.  Attach copy of Buy / Sell Agreement
  
13. Provide the full names of your major subcontractors:

<b>ROOFER:</b> _____	<b>GRADING:</b> _____
<b>FRAMER:</b> _____	<b>EXCAVATION:</b> _____
<b>CONCRETE:</b> _____	<b>PLUMBING:</b> _____
<b>ELECTRICAL:</b> _____	<b>OTHER:</b> _____

# Arrowhead General Insurance Agency, Inc.



14. Please provide the percentage of work the insured does above two stories and the maximum height.  
 %: \_\_\_\_\_ Maximum Height: \_\_\_\_\_ ft.

15. Please advise the percentage of work the insured does below grade and the maximum depth  
 %: \_\_\_\_\_ Maximum Depth: \_\_\_\_\_ ft.

16. Exposures for the current (estimated) and past years of the General Contractor:

CARRIER      YEAR      PREMIUM      PAYROLL      OCP (Sub-Cost)      RECEIPTS  
MUST PROVIDE

<b>TBD</b>	2005-06	<b>XXXXXX</b>			
	2004-05				
	2003-04				
	2002-03				
	2001-02				
	2000-01				
	99-2000	<b>XXXXXX</b>	<b>XXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXXXX</b>
	98-99	<b>XXXXXX</b>	<b>XXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXXXX</b>
	97-98	<b>XXXXXX</b>	<b>XXXXXXXX</b>	<b>XXXXXXXXXX</b>	<b>XXXXXXXXXXXX</b>

17. Site conditions for this project (please answer all subparts—they are all applicable)

(a) Does the insured construct on: (check all that apply)

Flat pads in flat areas     Flat-pads in hilly areas     On hillsides or slopes

(b) What is the steepest slope gradient (horizontal:vertical) of any land upon which the insured builds/has built?

(0)     (2)     (4)     (6)     (10)  
 ≥10:1 (flat)    ≥3:1 (gentle)    ≥2:1 (less steep)    2:1 (steeper)    ≤2:1 (very steep)

(c) What is the greatest slope height (feet) of any land on which the insured builds/has built?

(0)     (2)     (4)     (7)     (15)  
 <5    <15    <25    <50    ≥50

(d) What is the thickest fill depth (feet) of any land on which the insured builds/has built?

(0)     (2)     (4)     (7)     (15)  
 <5    <15    <25    <50    ≥50

18. (a) Has the insured had any subsidence losses or notices? \_\_\_\_\_ If so, please provide details:

(b) Is any of the construction that the insured is building or has built is adjacent to a known environmentally protected area? \_\_\_\_\_. If yes, provide details:

(c) If yes, has an environmental impact study been done (attach a copy)? \_\_\_\_\_

19. Does the insured test all land, even if partially developed prior to purchasing for development? \_\_\_\_\_. Or, does it only rely upon the soils tests supplied by the seller? \_\_\_\_\_.

# Arrowhead General Insurance Agency, Inc.



20. Does the insured have a soils engineer on staff? \_\_\_\_\_  
If not, is an independent soil engineer employed? \_\_\_\_\_  
Does the soils engineer hold the insured harmless? \_\_\_\_\_
21. Does the insured design its product using in-house architects? \_\_\_\_\_  
Do they employ outside architects for the purpose of design? \_\_\_\_\_  
If outside architects are employed, do they hold the insured harmless? \_\_\_\_\_  
What coverage limits do the architects carry? \_\_\_\_\_
22. Does the insured provide any professional services as an architect or engineer? \_\_\_\_\_.  
If yes, provide details:  
\_\_\_\_\_  
\_\_\_\_\_
23. Does the insured obtain certificates of insurance, additional insured endorsements, and waiver of subrogation from all subcontractors for:  
A. General Liability – other than those included in the Wrap-Up? Yes  No   
B. Workers Compensation? Yes  No   
C. Auto Liability? Yes  No
24. Does the insured obtain certificates of insurance verifying GL, AL, and WC coverage from suppliers, vendors, material dealers, or anyone else delivering to the site. Yes  No
25. Does the insured employ an independent inspector that inspects each phase of construction? \_\_\_\_\_  
If so, what is the name of the inspection company/companies? \_\_\_\_\_  
\_\_\_\_\_
26. What is your construction experience and that of your key personnel? (attach resume(s):  

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Yrs. exp.</u>	<u>Largest job supervised</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
27. If more than one Named Insured, provide details of each entity operations and include the names of each principal owner for that entity and their percentages owned.  List Attached
28. Who is the insured's surety carrier? \_\_\_\_\_

# Arrowhead General Insurance Agency, Inc.



29. Has anyone in your firm failed to complete a contract? \_\_\_\_\_. If yes, please provide details:

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30. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? \_\_\_\_\_. If yes, please provide details:

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31. Will the insured do any environmental-type work (asbestos, lead, bioremediation, etc.)? \_\_\_\_\_.  
If yes, please provide details:

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32. Indicate the type of security to be used for each project:

Fencing:	_____	Details (type, perimeter, height, etc.)	_____
Lighting:	_____	Details (flood, street, etc.)	_____
Watchmen:	_____	Details (onsite, drive-by service)	_____

33. Who in the insured's organization is responsible for customer service?

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34. Are homeowners warranty policies provided to homebuyers? \_\_\_\_\_

How many years are these policies in effect? \_\_\_\_\_

Are these policies renewable by the dwelling owner? \_\_\_\_\_

35. In addition to any walk through and punch list that the insured traditionally performs with a homebuyer at the time of sale, please provide a description of your procedure with new homebuyers to determine whether they do not have problems or complaints:

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36. Does the insured provide a homeowners manual which describes maintenance schedules and proper use of property to all homebuyers? \_\_\_\_\_

37. Please describe the frequency with which the insured contact buyers and the method:

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38. How long does the insured respond to complaints? \_\_\_\_\_

Would the insured respond to homebuyers' complaints after their warranty periods? \_\_\_\_\_

If so, what is the maximum time the insured would do this? \_\_\_\_\_

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