

Project & WRAP Application Addendum

1. Name of insured						
2. Insured mailing addr	ess					
3. Name of the project						
4. Complete address of	the project site					
5. Project description _						
6. How many acres will 7. Describe the area top						
n Desenbe the area top	bography and ex		5			
8. Is the land developed if yes, provide o		[] yes [] no		its which w	ill be part of the	final project
		4.2				4-2
9. What is the anticipat				proje	ct completion da	ite?
 10. When do you anticip 11. Project details 	bate beginning to	Close / Sell utilits	of			
	total average per home/unit					
	# of homes/ units	# of buildings	sales price	square footage	<pre># of stories of livable space</pre>	construction type (wood frame, concrete, etc.)
Single family						
Multi-family						
Apartment						
Condiminium						
Other						
If other, please descr	ibe:	1	1	1	1	1
Estimated total field pa	ayroll for project	term \$	Es	timated to	tal sales prices f	for all units \$
Estimated subcontractor costs		\$	Estimated total land value \$			
Percentage of work sub	bcontracted		%			
Estimated total constru	uction costs for p	project term	\$			
12. Describe all nonresi	dential construc	tion included in t	his project (ie.	clubhouse	, pool, gatehous	e, etc.)



13. Describe the current status of the project				
14. Does ISG provide oth			s []no	
n yes, iist insured	u anu poncy number (01 011101 114011119 COVE	erages	
13. Project team				
Name of company	Contact person	Phone number	Mailing address	
Project sponsor				
Has financing been secu	red? []yes [] no		
Describe sponsor's past i	residential constructio	on experience:		
Project architect				
Describe architect's past	residential constructi	on experience:		
Project general contra	actor			
License number:		Website:		
Describe contractor's past residential construction experience:				
Project developer				
Number of years developing site infrastructures:				
Property developer				
Are you listed on the developer's CGL policy as a named insured? [] yes [] no				



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14. List past projects that were under your control and were covered under a commercial general liability policy

GL policy holder	Description of project	Project term (months)	Total sales price	Project completion date	CGL carrier and policy #

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Sid	natu	ires
Sig	inaca	

Signature of applicant (must be officer or owner)	Date
Printed name of applicant	Title

Project & WRAP application submission checklist:

- [] Completed Contractors Questionnaire
- [] Full description of any loss \$25,000+
- [] Site safety plan
- [] Architectural site plan