



**ARCH SPECIALTY INSURANCE COMPANY
ARCH SUBCONTRACTOR DEFAULT POLICY APPLICATION – NEW BUSINESS**

Submitting Broker Information	
Company Name	
Street Address	
City, State, Zip Code	
Contact Person	
Email Address	
Phone Number	
SL License #/State/Expiration	

Applicant Information	
Company Name	
FEIN	
Duns Number	
Street Address	
City, State, Postal Code	
Contact Person	
Email Address	
Phone Number	
Type of Entity	Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Other:
Ownership	Public <input type="checkbox"/> Private <input type="checkbox"/>
Surety Company	Name: Surety Line (Single Project/Aggregate):
Has the Applicant ever declared for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the Applicant's owners ever declared for bankruptcy protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the Applicant's owners or officers been convicted of a felony or other criminal conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant ever defaulted on or failed to finish a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the Applicant's Surety ever had to provide funding or take over a project?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Revenue & Subcontracted Volume- 5 Years		
Year	Revenues	Subcontracted Volume
Current Fiscal Year Projected		
Previous Fiscal Year		
Mix of Work		
Public vs. Private	% Public	% Private
Bid Type	% Negotiated	% Hard Bid
Project Owners	% New	% Repeat
Labor Type	% Union	% Non-Union
Job Type	% New % Maintenance % Renovation % TI/Interiors % Other	
Delivery Method	% GC % CM at Risk % CM Agent % Design-Build % IPD	
Self-Perform Work	% Work Self-Performed What trades do you typically self-perform?	
Joint Venture Use	Describe any frequency/use of joint ventures:	

Market Segments		
% General Commercial	% Retail	% Justice
% Education	% Telecommunications	% For-Rent Residential
% Healthcare	% Entertainment	% For-Sale Residential
% Sports	% Aviation	% Hospitality
% Pharmaceutical	% Industrial	% Homeland Security
% Senior Living	% Student Housing	% Other
% Other	% Other	% Other
Wood Frame Work	% of Overall Work that is Wood Frame Construction Wood Frame Market Segments:	
Engineered Wood	Do you perform any projects with elements of Cross Laminated Timber, Glulam or similar products?	
Discontinued Operations	Describe any discontinued operations:	
New Market Segments	List and describe any expected new market segments:	

Geography

List Top 5 States You Work In:

State	% Revenue
1.	%
2.	%
3.	%
4.	%
5.	%

Any expected new geographies in the next 3 years (list state and market segment):

State	Market Segment

Project Summary

List 3 Largest Completed Projects

Project Name	State	Construction Value	Market Segment	Year Completed

List 3 Longest Completed Projects

Project Name	State	Construction Value	Market Segment	Duration	Year Completed

Average # of Jobs Underway Total
Typical Project Size: Largest Smallest Average
Typical Project Length: Long Short Average
Projects with MBE/WBE/SBE Requirements: %
MBE/WBE/SBE Usage: %
Typical Required Participation:

Subcontractor/Supplier History

5 Largest Subcontracts/Purchase Orders (in last 3 years)

Project Name	Sub/Supplier	Trade	Subcontract Value

Total Estimated # of Active Subcontractors:

Total Estimated # of Active Suppliers:

Risk Management Approach		
Describe Subcontractor Bonding Philosophy: (contract size, special trades, risk mitigation, etc.)		
% of Subs Bonded: %	Threshold (e.g. > \$100K):	
% of Suppliers Bonded: %	Threshold (e.g. > \$100K):	

Subcontractor Default History						
List all Subcontractor/Supplier Defaults in the Last 5 Years (please provide separate attachment if required)						
Subcontractor/ Supplier	Trade	Contract Value	Project Name/State	Reason for Default	Year Defaulted	Total Loss Estimate
Who within your organization has the authority to default subcontractors/suppliers?						

Technology	
List any technology/software used to manage each of the following:	
Subcontractor Prequalification	
Estimating/Bidding	
Project Management	
Quality Management	
Scheduling	
Accounting	

SDI Program Structure		
Do you currently purchase SDI:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
	If yes, what was the first year you purchased:	
	Current Program Structure	Desired Program Structure
Per Loss Limit		
Aggregate Loss Limit		
Deductible		
Co-Pay		
Aggregate Deductible		
Estimated Annual Subcontractor/Supplier Volume		

Additional Information Required	
The following information must be provided as attachments to the completed application.	
<input type="checkbox"/>	1. Subcontractor Distribution- Please provide list (in Excel format) of the previous 24 months of executed subcontracts to include the following: Project Name, Subcontractor Name, FEIN, Start/End Dates, Subcontract Value
<input type="checkbox"/>	2. Most Current Audited Financial Statements and Current Interim Statements
<input type="checkbox"/>	3. WIP- Most Current Year-End and Interim
<input type="checkbox"/>	4. Currently valued loss runs from ALL previous or current SDI carriers for all policy years
<input type="checkbox"/>	5. General Liability loss runs (practice and CIP's) for the last 10 years
<input type="checkbox"/>	6. Company Organizational Chart
<input type="checkbox"/>	7. List of Named Insureds with name and description of each
<input type="checkbox"/>	8. Typical Subcontract Agreement, Material Contract or Purchase Order Agreement and Letter of Intent with any standard exhibits/attachments for each
<input type="checkbox"/>	9. Example Bid Package with any attachments
	10. Provide complete copies of written procedures/manuals for each of the following:
<input type="checkbox"/>	Risk Management Procedures
<input type="checkbox"/>	Go-No-Go/Project Selection Procedure/Template
<input type="checkbox"/>	Preconstruction/Estimating/Purchasing
<input type="checkbox"/>	Subcontractor/Vendor Prequalification
<input type="checkbox"/>	Job Startup/Closeout
<input type="checkbox"/>	Project Management
<input type="checkbox"/>	Quality Management (QA/QC)
<input type="checkbox"/>	Project Scheduling
<input type="checkbox"/>	Billing and Payment Process
<input type="checkbox"/>	Subcontractor/Vendor Default Process
<input type="checkbox"/>	Safety
<input type="checkbox"/>	Training

NOTICE: ANY PERSON WHO, KNOWINGLY OR WITH INTENT TO DEFRAUD OR TO FACILITATE A FRAUD AGAINST ANY INSURANCE COMPANY OR OTHER PERSON, SUBMITS AN APPLICATION OR FILES A CLAIM FOR INSURANCE CONTAINING FALSE, DECEPTIVE OR MISLEADING INFORMATION MAY BE GUILTY OF INSURANCE FRAUD.

NOTICE TO ALABAMA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit, or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution or confinement in prison, or any combination thereof.

NOTICE TO ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND AND WEST VIRGINIA APPLICANTS: Any person who knowingly presents 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 fines and confinement in prison.

NOTICE TO COLORADO APPLICANTS: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony in the third degree.

NOTICE TO KANSAS APPLICANTS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents 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 fines and confinement in prison.

NOTICE TO MAINE, TENNESSEE, VIRGINIA AND WASHINGTON APPLICANTS: 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.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW YORK APPLICANTS: 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 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: 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.

NOTICE TO OKLAHOMA APPLICANTS: 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.

NOTICE TO OREGON APPLICANTS: Any person who, knowingly and with intent to defraud or facilitate a fraud against any insurance company or other person, submits an application, or files a claim for insurance containing any false, deceptive, or misleading material information may be guilty of insurance fraud.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with the intent to defraud any Insurance Company or other person files an application for insurance or statement of claim 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 such person to criminal and civil penalties.

NOTICE TO PUERTO RICO APPLICANTS: Any person who knowingly and with the intent to defraud, presents false information in an insurance request form, or who presents, helps, or has presented a fraudulent claim for the payment of a loss or other benefit, or presents more than one claim for the same damage or loss, will incur a felony, and upon conviction will be penalized for each violation with a fine of no less than five thousand dollars (\$5,000) nor more than ten thousand dollars (\$10,000); or imprisonment for a fixed term of three (3) years, or both penalties. If aggravated circumstances prevail, the fixed established imprisonment may be increased to a maximum of five (5) years. If attenuating circumstances are present, it may be reduced to a minimum of two (2) years.

Applicant Signature _____

Application Name

Applicant Title

Date