



AGC Insurance Checklist

How to Use This Checklist

The AGC Insurance Checklist is intended to help construction contractors determine the precise scope of their current insurance coverage. Many contractors will find it particularly useful to complete this form in conjunction with their insurance brokers. Some contractors may even need their brokers to help them answer several of the questions presented. Ideally, the form will stimulate discussion and dialogue between construction contractors and their insurance brokers and carriers, and enhance their typically joint efforts to identify cost-effective ways to fill any significant gaps in the contractor's insurance coverage.

Important Notice and Disclaimer

While broad, the AGC insurance Checklist is not exhaustive. It does not cover all potential policies, endorsements or other forms of insurance coverage. Nor does it purport to prescribe any particular course of action. This form is no substitute for competent legal, insurance or other professional advice. The Associated General Contractors of America (AGC) strongly encourages individual contractors and other users to consult competent professionals on appropriate ways to structure their insurance programs. In making this form available, AGC is not undertaking to perform any service on behalf of any party, or for the protection of any party.

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I. Workers Compensation and Employers' Liability.

A. Does your workers compensation policy provide coverage for . . .	Yes	No	Not Sure
1. Executive officers, partners or members of an LLC?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Employees based in the United States but working outside the country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Foreign employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Employment covered by the United States Longshore and Harbor Workers' Compensation Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Maritime employment covered by the United States Jones Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employment covered by the United States Defense Base Act?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Employment covered by the United States Non-Appropriated Funds Instrumentality Act (primarily for work on military bases)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Employment covered by the United States Outer Continental Shelf Lands Act (OCSLA)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Newly formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Does your workers compensation policy also . . .	Yes	No	Not Sure
1. Provide workers comp coverage for all states, except for those with monopolistic funds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide stop-gap coverage for employers' liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide voluntary compensation coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cover any expenses of repatriating an employee from another country back to the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Include federal employers liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Include an aircraft endorsement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Include a broad form named insured provision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provide a waiver of subrogation, to the extent required by contract and permitted by state law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Does your employer's liability policy . . .	Yes	No	Not Sure
1. Coordinate its policy limit with the attachment point for your umbrella policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cover employees based in the United States but working outside the country?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Cover foreign employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Include broad form named insured language?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide a waiver of subrogation, to the extent required by contract and permitted by state law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide coverage for those working for newly-formed entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Commercial General Liability (CGL)

A. Does your CGL policy provide coverage for . . .	Yes	No	Not Sure
1. Products liability and completed operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Residential (or habitational) construction operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Claims related to explosion, collapse, subsidence and or damage to underground utilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Injuries to fellow employees (for scheduled persons or positions)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Additional insureds (automatically) when required by contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Claims related to respirable dust, including silica?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Claims related to mold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Indemnity obligations, including sole negligence of the indemnitee?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Contractual liability for railroad work (may require deleting part of the contractual liability exclusion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Completed operations coverage for work performed under owner or contractor controlled (or other wrap-up) programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Owned or non-owned watercraft liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Owned or non-owned aircraft liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Active joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Past joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Newly-formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Bodily injury or property damage related to acts of terrorism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Host liquor liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Liability arising out of your reliance on the Internet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Employee benefits liability (at least \$1 million limit)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does your CGL policy also . . .	Yes	No	Not Sure
1. Stipulate an occurrence coverage trigger (and contain no prior work exclusion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Include standard requirements for providing notice of an occurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Include a subcontractor exception to the "damage to 'your work'" exclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide adequate fire legal liability coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cover pollution liability arising out of completed operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Cover pollution liability arising out of construction operations on non-owned premises (if the pollutants were not brought to the sight by the insured)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Dovetail with your contractor's pollution liability (CPL) policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Explicitly remove means and methods of construction from any professional services exclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Establish appropriate limits for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Aggregate annual limits of coverage?
 - Sublimits of coverage for individual projects or locations?
10. Include a broad form named insured endorsement?
 11. Permit waivers of subrogation executed prior to loss, to the extent required by contract?
 12. Permit waivers of subrogation for damage to leased premises?
 13. Provide additional insured status to the owner(s) of leased premises and equipment?
 14. Include excess and differences-in-conditions coverage for work being performed under owner or contractor controlled (or other wrap-up) programs?
 15. Require at least a 60-day notice of cancellation or non-renewal?

III. Business Auto Policy

A. Does your business auto policy provide coverage for . . .	Yes	No	Not Sure
1. Physical damage to covered autos?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Liability arising out of the use of "any auto" (symbol 1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Physical damage to newly acquired autos (automatically)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Liability arising out of newly acquired autos (automatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Uninsured and underinsured motorist liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Medical payments to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foreign auto exposures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Newly-formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Contractually assumed auto liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Does your business auto policy also . . .	Yes	No	Not Sure
1. Include personal injury protection, and no-fault benefits, where applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Add lessors as additional insureds (automatically)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Include an individual named insured endorsement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Dovetail coverage for mobile equipment with that provided in your CGL policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IV. Umbrella/Excess Liability

A. Does your umbrella/excess liability policy provide follow- form coverage for . . .	Yes	No	Not Sure
1. Contractually assumed liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Completed operations liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Damage to property under the insured's "care, custody or control"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Explosion, collapse, subsidence or damage to underground utilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Blasting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pollution liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Fire legal liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Broad form property damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Does your umbrella/excess liability policy also provide coverage for . . .	Yes	No	Not Sure
1. Punitive damages, to the extent allowed by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Liability arising out of unlawful discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Liability arising out of asbestos or mold?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Owned and non-owned aircraft liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Owned and non-owned watercraft liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Employee benefit liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Foreign operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Newly-formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Bodily injury or property damage arising out of a professional error or omission?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Residential (or habitational) construction operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Does your umbrella/excess liability policy also . . .	Yes	No	Not Sure
1. Contain an occurrence trigger (with no prior work exclusion)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pay "on behalf of" the insured (as opposed to "indemnify" the insured)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Contain a products and completed operations limit that is separate from the general aggregate limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Permit you to use your discretion in determining your primary policy limits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide defense costs outside the limit of coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Include a duty to defend when underlying policies do not do so?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide coverage for liability arising out of participation in past and present joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Include standard requirements for providing notice of an occurrence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide excess, differences in conditions (DIC) and differences in limits (DIL) coverage for work being performed under wrap-up insurance programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provide coverage for completed operations performed under wrap-up insurance programs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Permit waivers of subrogation executed prior to loss, to the extent required by contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Include a broad form named insured endorsement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

V. Contractor's Equipment Floater

A. Does your equipment floater provide coverage for . . .	Yes	No	Not Sure
1. Equipment on premises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Equipment in transit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Equipment on job sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Rented or borrowed equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Equipment loaned to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mobile equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Overturn of equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Damage to crane booms?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Newly acquired equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Equipment provided to joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Equipment provided to partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Equipment belonging to newly formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Does your equipment floater also . . .	Yes	No	Not Sure
1. Provide broad all-risk coverage (in lieu of specific perils)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Establish a blanket limit of liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Use replacement cost to value any losses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Include an "agreed amount" coverage provision (no coinsurance penalties will apply)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide world-wide coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Provide protection for a lessor's interests in equipment, including loss of use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide for rental cost reimbursement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Provide for a waiver of subrogation, to the extent required by contract and permitted by state law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide coverage for exceeding a piece of equipment's rated capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VI. Builders Risk/Installation Floaters.

A. Does your builders risk/installation floater provide coverage for . . .	Yes	No	Not Sure
1. Materials and supplies on the job site, including fences?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Materials or equipment in transit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pollution damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flood damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Earthquake damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Sinkhole damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Materials in off-site storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Scaffolding and false-work?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Temporary structures, foundations and excavation sites?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Testing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Water damage, including back-up and seepage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Damage from freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Costs of expediting delivery and/or other extra expenses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Business interruption?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Delay in opening, or other "soft" costs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. "Resulting damage" caused by a design error or faulty workmanship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Expense of any necessary redesign?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Performance guarantees, or efficacy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. <i>Force majeure</i> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Differences in conditions (DIC) on any owner-provided policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Newly formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Does your builders risk/installation floater also . . .	Yes	No	Not Sure
1. Provide broad all-risk coverage, in lieu of specific perils?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide world-wide coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Include a waiver of subrogation between insureds (owner, contractor and all subcontractors, at all tiers)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Include a complete and accurate name of all insureds (including lower tier subcontractors)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Terminate coverage only on completion and acceptance by owner (and not when the work becomes part of the building or project)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Define the point "when coverage ceases" in a way that matches all contractual obligations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Include adequate coverage for debris removal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VII. Other Property Coverages

A. Do your other property insurance policies provide coverage for . . .	Yes	No	Not Sure
1. Buildings (all risk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Building contents, including personal property (all risk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valuable papers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Accounts receivable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Rents for owned property leased to others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Extra expense?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Business interruption of manufacturing or fabrication facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Losses resulting from the interruption of you own business (broad form)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Flood damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Earthquake damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Theft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Newly formed or acquired entities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Do your other property insurance policies also . . .	Yes	No	Not Sure
1. Include a complete and accurate name of the insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. Crime Coverage

A. Do one or more of your insurance policies . . .	Yes	No	Not Sure
1. Provide blanket coverage for crime?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Include a complete and accurate name of the Insured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provide adequate limits of coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide coverage for employee theft of materials or equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IX. Professional Liability

A. Does your professional liability policy provide coverage for . . .	Yes	No	Not Sure
1. Work performed by others on your behalf?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Contractual liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Liability caused by mold (when the result of design errors or deficiencies)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Warranties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Value engineering (whether performed as a stand-alone service or in conjunction with other pre-construction or construction services)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Pollution liability arising out of professional services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Any liability resulting from discrimination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Punitive damages arising out of professional services, to the extent permitted by law?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Joint ventures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Partnerships?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Newly formed or acquired entities?
12. Claims brought by another insured?

B. Does your professional liability policy also . . .	Yes	No	Not Sure
1. Provide blanket coverage for all projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide claims-made coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Impose only standard reporting requirements (and omit any special requirements for claim notice or incident reporting?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provide world-wide coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Require evidence of professional negligence?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Define specifically the scope of covered professional services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Provide the right to purchase an extended reporting period (from 1 to 3 years)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Guarantee the maximum cost of the extended reporting period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Provide defense costs outside the limit of coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Provide coverage for the faulty workmanship of others (when performing work as a design-builder or construction manager)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Permit waivers of subrogation prior to a loss, to the extent required by contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Provide retroactive coverage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Require at least a 60-day notice of cancellation or non-renewal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Miscellaneous Coverage

Do one or more of your insurance policies provide coverage for . . .	Yes	No	Not Sure
1. Employment practices liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Professional liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Pollution liability arising out of owned / rented / leased facilities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Pollution liability arising out of your off-site construction operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pollution liability arising out of professional services?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Damage or losses relating to electronic data processing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Director's or officer's liability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Key persons?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Owned aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. non-owned aircraft?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Foreign acts of terrorism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Domestic acts of terrorism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>