

EXIGIS LLC

RiskWorks rm.Compliance Insurance Questionnaire Forms

1. General Liability

General Liability	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
What is the Each Occurrence Limit? *	<input type="text"/>
What is the Aggregate Limit? *	<input type="text"/>
What is the Products-Completed Operations Limit? *	<input type="text"/>
What is the Personal & Advertising Injury Limit? *	<input type="text"/>
What is the Medical Expense Limit? *	<input type="text"/>
What is the Abuse and Molestation Liability Limit? *	<input type="text"/>
What is the Premises Rented to Others Liability Limit? *	<input type="text"/>
Is policy Project or Location specific? *	----- Please make a selection ----- <input type="button" value="v"/>
Is NYCHA an Additional Insured under the policy? *	----- Please make a selection ----- <input type="button" value="v"/>
Does policy include a Transfer of Rights of Recovery Against Others (Waiver of Subrogation) endorsement in favor of NYCHA? *	----- Please make a selection ----- <input type="button" value="v"/>
Does policy provide coverage on a primary basis? *	----- Please make a selection ----- <input type="button" value="v"/>
Is Separation of Insureds clause included? *	----- Please make a selection ----- <input type="button" value="v"/>
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- <input type="button" value="v"/>

2. Automobile Liability

Automobile Liability	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
What is the Automobile Liability Combined Limit? *	<input type="text"/>
Is coverage provided for at least one of the following: Owned, Non-Owned, or Hired Autos? *	----- Please make a selection ----- ▾
Is NYCHA an Additional Insured under the policy? *	----- Please make a selection ----- ▾
Does policy include a Transfer of Rights of Recovery Against Others (Waiver of Subrogation) endorsement in favor of NYCHA? *	----- Please make a selection ----- ▾
Does policy provide coverage on a primary basis? *	----- Please make a selection ----- ▾
Is Separation of Insureds clause included? *	----- Please make a selection ----- ▾
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- ▾

3. Workers' Compensation/Employer's Liability

Workers' Compensation/Employer's Liability	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Is Workers' Compensation coverage provided by the New York State Insurance Fund? *	----- Please make a selection ----- ▾
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
Does policy provide New York State Statutory Limits? *	----- Please make a selection ----- ▾
If Named Insured is domiciled outside of New York State, is policy endorsed with the New York or All Other States endorsement? *	----- Please make a selection ----- ▾
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- ▾
Does Employer's Liability section of Workers' Compensation / Employer's Liability policy include a Transfer of Rights of Recovery Against Others (Waiver of Subrogation) endorsement in favor of NYCHA? *	----- Please make a selection ----- ▾
What is the Each Employee Limit? *	<input type="text"/>
What is the Each Accident Limit? *	<input type="text"/>
What is the Limit for Employer's Liability? *	<input type="text"/>

4. Excess/Umbrella Liability Layer

Excess/Umbrella Liability Layer	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? (Note: you may add more than one policy number if applicable) *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) :	None
Coverage expiration date (mm/dd/yyyy) :	None
Is this policy form Excess or Umbrella? *	----- Please make a selection -----
Select lines of insurance covered by this policy:	<input type="checkbox"/> General Liability <input type="checkbox"/> Business Auto Liability <input type="checkbox"/> Employers Liability: <input type="checkbox"/> Contractors Pollution Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Professional Liability <input type="checkbox"/> Privacy & Network Liability <input type="checkbox"/> Other
What is the Each Occurrence Limit? *	<input type="text"/>
What is the Aggregate Limit? *	<input type="text"/>
Is NYCHA an Additional Insured under the policy? *	----- Please make a selection -----
Does Named Insured have multiple layers of Excess Liability policies?	----- Please make a selection -----
<div style="border: 1px solid blue; padding: 5px;"> Please note that this is not compliant with NYCHA requirements. Please address this issue before submitting a certificate of insurance to NYCHA. </div>	
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection -----

5. Professional Liability (E&O)

Professional Liability (E&O)	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) :	None
Coverage expiration date (mm/dd/yyyy) :	None
What is the Per Claim Limit? *	<input type="text"/>
What is the Aggregate Limit? *	<input type="text"/>
What is the policy retroactive date (mm/dd/yyyy) :	None
Does policy offer an optional Extended Reporting Period of at least three years from its expiration date? *	----- Please make a selection -----
Does policy provide coverage on a primary basis? *	----- Please make a selection -----
Is Separation of Insureds clause included? *	----- Please make a selection -----
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection -----

6. Contractor's Pollution Liability

Contractor's Pollution Liability	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
What is the per Claim or per Loss Limit? *	<input type="text"/>
What is the Aggregate Limit? *	<input type="text"/>
If on a claims-made basis, what is policy retroactive date (mm/dd/yyyy) :	None
Does policy offer an optional Extended Reporting Period of at least three years from its expiration date?	----- Please make a selection ----- ▾
Please indicate the Hazards covered under this policy:	
Lead Abatement Limit?	<input type="text"/>
Asbestos Abatement Limit?	<input type="text"/>
Fuel Limit?	<input type="text"/>
Medical Waste Limit?	<input type="text"/>
Waste Hauling Limit?	<input type="text"/>
Microbial Matter - Including Mold?	<input type="text"/>
Other:	<input type="text"/>
Is NYCHA an Additional Insured under the policy? *	----- Please make a selection ----- ▾
Does policy include a Transfer of Rights of Recovery Against Others (Waiver of Subrogation) endorsement in favor of NYCHA? *	----- Please make a selection ----- ▾
Does policy provide coverage on a primary basis? *	----- Please make a selection ----- ▾
Is Separation of Insureds clause included? *	----- Please make a selection ----- ▾
What is the Self-Insured Retention (only where applicable)? *	<input type="text"/>
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- ▾

7. Crime Coverage

Crime Coverage	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating *	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
What is the Crime Per Loss Limit? *	<input type="text"/>
What is the Crime Aggregate Limit? *	<input type="text"/>
What is the Employee Theft-Per Loss Coverage, or Employee Theft-Per Employee Coverage Limit? *	<input type="text"/>
What is the Forgery or Alteration Limit? *	<input type="text"/>
What is the Inside Premises-Theft of Money and Securities Limit? *	<input type="text"/>
What is the Inside Premises-Robbery, Safe Burglary-Other Property Limit? *	<input type="text"/>
What is the Outside the Premises Limit? *	<input type="text"/>
What is the Computer Fraud Limit? *	<input type="text"/>
What is the Funds Transfer Fraud Limit? *	<input type="text"/>
What is the Money Orders and Counterfeit Paper Currency Limit? *	<input type="text"/>
Is NYCHA a Loss Payee under the policy? *	----- Please make a selection ----- <input type="button" value="v"/>
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- <input type="button" value="v"/>

8. Payment and Performance Bond

Payment and Performance Bond	
Bond effective date (mm/dd/yyyy) : *	None
Bond expiration date (mm/dd/yyyy) : *	None
What is the Bond Amount/Face Value? *	<input type="text"/>
What is the Surety Name? *	<input type="text"/>
Is this Surety U.S. Treasury Listed? *	----- Please make a selection ----- <input type="button" value="v"/>
Is NYCHA named as Obligee on the bond? *	----- Please make a selection ----- <input type="button" value="v"/>

9. Participants Accidents

Participants Accidents	
Select the Insurer *	<input type="text"/> edit
Insurer Rating *	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
What is the Participants Limit for Medical including Dental Coverage? *	<input type="text"/>
What is the Accidental Death and Dismemberment limit? *	<input type="text"/>
What is the Aggregate limit? *	<input type="text"/>
What is the Disability limit? *	<input type="text"/>
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- <input type="button" value="v"/>

10. Builder's Risk

Builder's Risk	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	None
Coverage expiration date (mm/dd/yyyy) : *	None
Does policy cover: Property in the course of construction, installation and existing shell, including property in the care, custody or control of the Insured?	----- Please make a selection ----- <input type="button" value="v"/>
Flood?	----- Please make a selection ----- <input type="button" value="v"/>
Earthquake?	----- Please make a selection ----- <input type="button" value="v"/>
Loss caused by enforcement of ordinances or laws regulating construction and repair of damaged buildings?	----- Please make a selection ----- <input type="button" value="v"/>
Equipment Breakdown?	----- Please make a selection ----- <input type="button" value="v"/>
Loss of Income?	----- Please make a selection ----- <input type="button" value="v"/>
Extra Expense/Expediting Expense Property awaiting installation?	----- Please make a selection ----- <input type="button" value="v"/>
Temporary structures (e.g. scaffolding, construction forms and protective barriers)?	----- Please make a selection ----- <input type="button" value="v"/>
Property in transit?	----- Please make a selection ----- <input type="button" value="v"/>
Demolition and Increased Cost of Construction?	----- Please make a selection ----- <input type="button" value="v"/>
Debris Removal?	----- Please make a selection ----- <input type="button" value="v"/>
What is the Aggregate Builder's Risk Limit?	<input type="text"/>
What is NYCHA's Project Property Limit?	<input type="text"/>
Does the policy include cost of excavation, foundations and underground supports, flues, pipes and drains?	----- Please make a selection ----- <input type="button" value="v"/>
Is policy written on an All Risk Replacement Cost basis?	----- Please make a selection ----- <input type="button" value="v"/>
Is NYCHA an Additional Insured under the policy?	----- Please make a selection ----- <input type="button" value="v"/>
Is NYCHA a Loss Payee under the policy?	----- Please make a selection ----- <input type="button" value="v"/>
Is NYCHA a Mortgagee under the policy?	----- Please make a selection ----- <input type="button" value="v"/>

11. Privacy and Network (Cyber) Liability

Privacy and Network (Cyber) Liability	
This Insurance Questionnaire is for informational purposes only and does not confer any rights or obligations other than the rights and obligations conveyed by the policy.	
Select the Insurer *	<input type="text"/> edit
Insurer Rating	<input type="text"/>
What is the policy number? *	<input type="text"/>
Coverage effective date (mm/dd/yyyy) : *	<input type="text" value="None"/>
Coverage expiration date (mm/dd/yyyy) : *	<input type="text" value="None"/>
What is the Each Claim or Loss Limit for:	
Privacy Liability?	<input type="text"/>
Data Breach Fund?	<input type="text"/>
Network Security?	<input type="text"/>
Internet Media?	<input type="text"/>
Network Extortion?	<input type="text"/>
Digital Asset Loss?	<input type="text"/>
What is the Aggregate Limit?	<input type="text"/>
If on a claims-made basis, what is policy retroactive date (mm/dd/yyyy) : *	<input type="text" value="None"/>
Does policy offer an optional Extended Reporting Period of at least three years from its expiration date? *	----- Please make a selection ----- <input type="button" value="v"/>
Does policy include a Transfer of Rights of Recovery Against Others (Waiver of Subrogation) endorsement in favor of NYCHA? *	----- Please make a selection ----- <input type="button" value="v"/>
Does policy provide coverage on a primary basis? *	----- Please make a selection ----- <input type="button" value="v"/>
Is Separation of Insureds clause included? *	----- Please make a selection ----- <input type="button" value="v"/>
Is policy endorsed to provide NYCHA 30 days' written notice of material change and or cancellation, excluding non-payment? *	----- Please make a selection ----- <input type="button" value="v"/>