



SUBCONTRACTOR DEFAULT INSURANCE

LARGE/LONG SUBCONTRACT THRESHOLD REQUEST

Subcontracts being contemplated for award and enrollment into your SDI program that are above the maximum subcontract value or maximum subcontract term of 36 months as outlined in the policy require approval by Hudson Excess Insurance Company prior to enrollment.

1. Insured: _____

2. Date of Submission: _____

Project Details

3. Official Name of Project: _____

4. Project Location

Street Address: _____

City, State and Zip: _____

5. Total Contract Value: _____

6. Insured Allocated Market Segment: _____

7. Contract Type/Delivery Method: Hard-Bid Lump-Sum Negotiated CMAR GMP Other: _____

8. Project Owner and Any Prior projects/relationships:

9. Project Architect/Engineer and any prior projects/relationships:

10. Are there any completion/milestone damages? Yes No. What are the terms? _____

Subcontract Details

11. Name of Subcontractor: _____

12. Address of Subcontractor

Street Address: _____

City, State and Zip: _____

13. Current and prior experience with the subcontractor (append listing if needed):

Name of Project	Loc. (City, State)	Current/Final Subcontract Value	% Complete

Required Deliverable/Supporting Documents

Please provide the following information (and any other relevant information that can be shared to support the subcontractor selection decisions).

1. Prequalification Questionnaire and all appended information supplied by the subcontractor (including financial information, WIP, etc. provided by the subcontractor)
2. Analysis of how this subcontractor was selected, including any documented financial review or other evaluation criteria (WIP analysis, operational assessment, large lower tier sub/supplier exposures, etc.)
3. Contractor Bid leveling spreadsheet
4. Copy of Subcontract with all applicable scope and exhibits (a draft copy is acceptable if not yet issued)
5. Most recent Project schedule

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