

Home Builder's Supplemental Application

APPLICANT INFORMATION

Applicant Name: _____
 AKA / DBA: _____
 Mailing Address: _____
 Loc Address: _____
 Area of Ops: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Yrs in Business: _____ Yrs Experience: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
Projected Cost Subcontracted Work (labor & materials)		Insured	Uninsured
		\$ _____	\$ _____
Total Receipts \$ _____			

OPERATIONS

Provide a description of the type of work done by you and your employees: _____

Have you operated under any other name or names? Yes No
 If "Yes," provide prior name and describe type of operations: _____
 Have you been involved as a General Contractor in the building of Condominiums, Apartments, or Townhouses in the past 10 years? Yes No
 Have you ever been or are you involved in any new residential construction of tract homes, condos, apartments, townhomes, or custom homes? Yes No
 If "Yes," specify year(s), number(s) and location(s): _____

What is the average dollar value of a completed project? \$ _____
 Please describe any types of projects that you have discontinued (i.e. no longer build, etc.?) _____

What is the projected number of starts anticipated for the upcoming policy year? _____
 What is the average number of homes in any single development where you build? _____
 What is the maximum number? _____

What is the average number of homes **you build** in any single development? _____
 What is the maximum number? _____

Do you have an independent inspection performed on your homes prior to release to owner? Yes No

Would you be willing to have an independent inspection performed on your homes prior to release to owners? Yes No

Does an employee of the applicant have direct oversight of each jobsite in progress? Yes No

Are you building/have you built on hillsides, hilltops, landfills, in subsidence areas, or in flood zones? Yes No

If "Yes," please explain: _____

Any work performed in the past using Exterior Insulation and Finish Systems (EIFS)? Yes No

If "Yes," please explain: _____

Any work performed below grade? Yes No

Maximum depth: _____ Percentage of Total Work: _____%

Is scaffolding owned, rented, or erected? Yes No

Are other contractors at job site allowed to use it? Yes No

Have you worked or will you or your employees work under USL&H or Jones Act? Yes No

Do you have a formal safety program in operation? Yes No

Please explain and/or provide a copy _____

Indicate the type of security used on a project: Fencing Lighting Watchman

SUBCONTRACTOR INFO / RISK TRANSFER

Do you utilize A.I.A. standard contracts for all of your subcontractors? Yes No

Are all subcontractors required to sign a hold harmless and indemnification agreement in your favor? Yes No

If "No," please explain: _____

Are Certificates of Insurance obtained from subcontractors? Yes No
(If not required, we cannot offer coverage.)

Are you named as an additional insured on all subcontractors' policies? Yes No

Do you ever use uninsured subcontractors? Yes No

Do you normally use the same subcontractors? Yes No

< 31% of the time 31%-50% of the time 51%-100% of the time

General Liability: Yes No
 Minimum Limits Required: \$ _____
 Workers Comp: Yes No
 Yes No
 Yes No

OTHER

Do you have a formal home warranty program? Yes No

If "Yes", please provide details and attach copy of plan you provide to clients: _____

Do you have model homes? Yes No

Do you draw any plans or blueprints used in your construction work? Yes No

If "Yes," has Professional Liability Coverage been obtained? Yes No

Limit of Liability: \$ _____

Do you own any vacant land (raw land with no developmental or improvement activity, held only for investment of possible development more than 12 months in the future. No buildings on the property)? Yes No

of acres vacant land: _____

Do you own any real estate development property completed or under construction (land with improvements – streets, roads, or utilities, etc.)? Yes No

of acres real estate development property: _____

If "Yes," to either vacant land or real estate development property, how is property zoned?: Residential Commercial/Retail
 Industrial Other

Do you or any of your employees hold a Real Estate Agent's license? Yes No

Any other operations other than 'contracting'? Yes No

If "Yes," please describe: _____

Where Insured? _____

Are any operations insured elsewhere by an owner controlled insurance program (OCIP) also referred to as "wrap up" insurance? Yes No

If "Yes", please provide details: _____

Do you have any other business ventures for which coverage is not requested? Yes No

If "Yes", please provide details: _____

Who is the Bonding insurance carrier? _____

Are they providing Contract & Surety bonds for you on behalf of your work? Yes No

Have you ever been involved in or are you aware of any pending litigation concerning construction defect? Yes No

Has the applicant or majority partner filed for bankruptcy within the past five years? Yes No

CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No

If "Yes", please explain: _____

Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT

Applicable in Arkansas, Louisiana, and West Virginia

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.

Applicable in Colorado

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 for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

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.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

Any person who knowingly and with 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.

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in Maryland

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

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

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 civil fines and criminal penalties.

Applicable in New York

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.

Applicable in Ohio

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.

Applicable in Oklahoma

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.

Applicable in Pennsylvania

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 subjects such person to criminal and civil penalties.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

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.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____