CUSTOM HOMEBUIDLDER SUPPLEMETNAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

State(s) / Area of Operation: _____ Licensed for Business in State(s): _____

Years in Business: _____ Contractor License #: _____

Industry Experience: _____

Description of Operations: _____

Section II – Exposure Information

1. Please provide historical receipts, payroll and cost of subcontracted work for past three (3) years

	Projected Next 12 Months	Current Year	1st Prior Year	2nd Prior Year	3rd Prior Year
Annual Gross Receipts	$	$	$	$	$
Employee Payroll	$	$	$	$	$
Cost of Subcontracted Work	$	$	$	$	$
Average Value of Home Built	$	$	$	$	$
Number of Homes Built					

Section III – Operations

1. Number of housing starts planned for the next 12 months? _____
   Average cost of new home built? $ _____
2. Average number of homes you build in any single development? _____
   What is the maximum in a single development? _____
3. Number of home remodeling jobs you had last year? _____
   Average cost of a remodeling job? $ _____
4. Number of home remodeling jobs you plan in the next 12 months _____
5. What percent of your homes are designed by: Applicant: ____ % Homeowner: ____% Professional Architect: ____%
6. What percent of your houses are contracted with: Owner: ____ % Developer: ____% Housing Authorities: ____%
7. Have you built, are you currently building or will you build homes that are located in areas where homeowners belong to a homeowners' association? ☐ Yes ☐ No

   If YES, please provide details:

8. Have you built, are you currently building or will you build homes located on subdivided plots of land? ☐ Yes ☐ No

   If YES, please provide details:

Section III – Operations (continued)

9. Have you built, are you currently building or will you build "spec" homes? (You purchase land, build home, put up for sale to others)? ☐ Yes ☐ No

If YES, please provide details:

10. Have you ever worked for a residential developer? ☐ Yes ☐ No

If YES, describe type of work:

11. 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: $ _____

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

If YES, please provide details:

13. Do you or the owner do soil testing before building each home? ☐ Yes ☐ No

14. Any work in the past or are you currently using Exterior Insulation and Finishing Systems (EFIS)? ☐ Yes ☐ No

If YES, please provide details:

15. Have you performed or will you or your subcontractors perform any work below grade? ☐ Yes ☐ No

If YES, maximum depth? _____

16. Any shoring, underpinning, cofferdam or caisson work? ☐ Yes ☐ No

If YES, please provide details:

17. Is scaffolding owned, rented or erected? ☐ Yes ☐ No

If YES, are other contractors allowed to use it? ☐ Yes ☐ No

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

If YES, please provide details:

19. Have you allowed or will you allow your license to be used by any other contractor for a project on which you have worked? ☐ Yes ☐ No

Section IV – Current or Planned Projects

1. Describe your three (3) largest projects currently underway or planned for the next year, including values:

Attach a separate sheet if necessary

Project Description		Project Value
1.		$
2.		$
3.		$
4.		$
5.		$

Section V – Past Projects

1. Describe your three (3) largest projects over the past three (3) years, including values:

   Attach a separate sheet if necessary.

Project Description		Project Value
1.		$
2.		$
3.		$
4.		$
5.		$

Section VI – Other Operations

1. Have you ever been involved as a General Contractor in the building of condominiums, townhouses or row houses in the past ten (10) years? ☐ Yes ☐ No

   If YES, please provide details:

2. Have you ever been or are you involved in any new residential construction of tract homes, condominiums, or townhomes in the past ten (10) years? ☐ Yes ☐ No

   If YES, provide year(s), number(s), and location(s):

3. 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, with no buildings on the property)? ☐ Yes ☐ No

   If YES, please provide details:

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

   If YES, please provide details:

5. Have you operated under any other name or names? ☐ Yes ☐ No

   If YES, provide prior name and describe type of operations:

6. 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:

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

   If YES, please provide details:

Section VII – Liability Controls & Risk Transfer

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

   If YES, please explain and/or provide a copy.

2. Does an employee of the applicant have direct oversight of each jobsite in progress? ☐ Yes ☐ No
3. Do you have a formal home warranty program? ☐ Yes ☐ No

   If YES, please attach copy of plan you provide to clients.

Section VII – Liability Controls & Risk Transfer (continued)

4. Does your contract with owners contain a clause requiring them to present any claim to you for rectification prior to bringing any suit or participating in any Homeowners' Association (HOA) suit? ☐ Yes ☐ No
5. Do you have an independent inspection performed on your homes prior to release to owner? ☐ Yes ☐ No
6. Indicate the type of security used on a project: _____
7. Does applicant subcontract work? ☐ Yes ☐ No

   If YES, please complete the following:

   a. Do you utilize A.I.A. standard contracts for all of your subcontractors? ☐ Yes ☐ No
   b. Are all subcontractors required to maintain General Liability Insurance? ☐ Yes ☐ No

      Minimum Limits Required: $ _____
   c. Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No
   d. Are you named as additional insured on all subcontractors' General Liability policies? ☐ Yes ☐ No
   e. Are all subcontractors required to sign hold harmless/indemnification agreement in your favor? ☐ Yes ☐ No
   f. Are all subcontractors required to maintain Workers' Compensation Insurance? ☐ Yes ☐ No

      If YES, are certificates of insurance obtained? ☐ Yes ☐ No
8. Does the applicant ever use leased employees, temporary employees or uninsured subcontractors? ☐ Yes ☐ No
9. Do you normally use the same subcontractors? ☐ Yes ☐ No

   ☐ < 31% of the time ☐ 31% - 50% of the time ☐ 51% - 100% of the time
10. Is Builder's Risk coverage carried on all Custom Homes built? ☐ Yes ☐ No

Section VIII – Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? ☐ Yes ☐ No

   If YES, please describe:
2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? ☐ Yes ☐ No
3. Has the applicant ever been accused of breaching a contract in the past five (5) years? ☐ Yes ☐ No

   If YES, please describe:
4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? ☐ Yes ☐ No

   If YES, please describe:
5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years? ☐ Yes ☐ No

   If YES, please describe:
6. Has the applicant ever had a lapse in GL coverage? ☐ Yes ☐ No

   If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and 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. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

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

DISTRICT OF COLUMBIA, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by 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 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 personal or commercial 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 is considered a crime.

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 denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: 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 may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE 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 may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY