

Master Homebuilders Program Application

Issue Quote Today's Date _____

Agency Code _____ Agency Name _____

Insured Name _____

(Extended Named Insureds - attach completed questionnaire.)

Mailing Address _____ City _____ State _____ Zip _____

Phone _____ Web Address _____ Effective Date _____ Expiration Date _____

FEIN or SocSec # _____ Individual Joint Venture LLC Partnership Corporation

Location Address _____ City _____ State _____ Zip _____

Detailed Description of Operations _____

States of Operations _____ Years in Business as a General Contractor _____

Questions	Y/N	Questions	Y/N
1. Does the Insured comply with all state and local government licensing requirements?		9. Do you perform any smoke, fire, water, or earthquake restoration (other than replacement of damaged construction materials)? a. Are you a certified licensed restoration contractor?	
2. Has any officer, owner, or partner of the company been convicted of a felony?		10. Does the insured require written contracts on all work subcontracted to others? a. Hold Harmless? b. Additional Insured? c. General Liability Certificate of Insurance obtained? d. Minimum Limits Required: i. \$100,000 ii. \$300,000 iii. \$500,000 iv. \$1,000,000	
3. Any bankruptcies, tax, credit, or construction liens against the applicant in the past 5 years?		11. Do you have any operations or work on any of the following? a. Elevators or escalators b. Structural retaining walls over 6 feet c. Boilers, wood, coal, or waste oil burning stoves d. Petroleum, industrial or chemical facilities e. Tunneling or fiber optic cable f. Street/Road g. Water/Sewer mains h. Dams i. Airports or railroads	
4. Do you work as a Construction Manager? (Contractor working for the owner, and observing the day-to day work on site. Subs are employed and paid by the owner. The construction manager will work for the owner, assuring compliance with codes and quality work but will not direct the daily operations of the sub-contractors.)		12. Do you work on student housing, senior housing, assisted living facilities or retirement homes, medical facilities/hospitals, or schools EXCEPT for repair or remodeling of not more than one unit within a development?	
5. Do you work as a Real Estate Developer? (Contractor who purchases large, unimproved tracts of land and makes them ready for building by adding streets and roads.		13. Do you work on condominiums, townhouses, apartments, or tract homes over 25 units at any one time, except for repair or remodeling of not more than 25 units within a development at any given time?	
6. Have you ever had Insurance cancelled, declined, or a renewal refused?		14. Does Applicant draw plans, designs, or specifications for others?	
7. Do you have a written safety program?		15. Does Applicant use plans/designs from third parties? a. If yes, is applicant in compliance with fees and re-use fees from third party plan/design?	
8. If hired and non-owned coverage is to be provided, are there any owned autos?		16. Any roofing or plumbing operations using your direct employees?	

If you answered yes to any of the questions above, please provide additional information:

THREE YEAR PREMIUM & LOSS HISTORY			
PRIOR CARRIER	POLICY TERM	PRIOR PREMIUM	LOSS RATIO

Any known copyright violations? Yes No

If yes, explain:

GROSS SALES EACH OF PAST THREE YEARS		

PERCENTAGE OF YOUR WORK					
	% of work		% of work		% of work
Residential		New Construction		Subcontracted to others	
Commercial		Remodel		Performed by direct employees	
		As a Subcontractor		# Full Time Employees	
		Land Developer		# Part Time Employees	
	100%		100%		100%

LIST ALL ACTIVE OWNERS ALONG WITH JOB DUTIES/RESPONSIBILITIES	
Individual	Duties

Are any of the above qualified by education or any licensed as an architect, engineer, surveyor, or real estate agent or broker? Yes No

If yes, explain:

LAST FIVE JOBS (ATTACH LIST IF NECESSARY)

Commercial General Liability Coverage

General Liability Limits:

General Aggregate	<input type="text"/>
Products & Completed Operations Aggregate	<input type="text"/>
Each Occurrence	<input type="text"/>
Personal & Advertising Injury	<input type="text"/>
Damage to Rented Premises (each occurrence)	\$100,000
Medical Expense (Any one person)	Excluded
Deductible	<input type="text"/>

Completion

NOTICE OF INSURANCE INFORMATION PRACTICES. In connection with this application for insurance (and subsequent policy renewals), your personal information may be collected from persons other than you and without your authorization (e.g., credit reports). You have the right to review your personal information in our files and may request correction of any inaccuracies contained therein. A more detailed description of your rights and our practices regarding such information will be available upon request and you may contact your agent or broker for instructions regarding how to submit this request to us.

Any person who knowingly files an application for insurance or a statement of claim with materially false information with the intent to defraud an insurance company or another person is committing a fraudulent insurance act. Moreover, any person who has concealed material facts for the purpose of providing misleading information is also committing a fraudulent insurance act. These acts are crimes and subjects the person to criminal and [NY: substantial] civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OR, or VT; in DC, LA, ME, TN, VA and WA insurance benefits may also be denied). In Florida, it is a third degree felony to knowingly file a statement of claim or any application containing false, incomplete, or misleading information with the intent to injure, defraud and/or deceive any insurer.

The undersigned is an authorized representative of the applicant and acknowledges that reasonable inquiry has been made to obtain the information on this application. He/she acknowledges that the answers are true, correct and complete to the best of his/her knowledge.

Producer's Signature

Producer's Name

Applicant's Signature

Date