

Insurance Specialty Construction Group

Builders Risk Addendum

Applicant Name:
New Business Effective Date:

1. If building in a name other than the first named insured, please specify:
2. Will any values reported include a request for both the existing structure(s) and the remodeling work on that same structure(s)? Yes No *If yes, acquisition cost of existing structure(s) must be reported separately from renovation values.*
3. Type of Construction: _____ % of homes Wood Frame; _____ % of homes Masonry Joist;
_____ % of homes Other Provide description of Other: _____
If two stories, construction of second story is: Wood Frame Masonry Joist/Block Other: _____
4. Provide details for any Builder's Risk losses for the last three years (do not leave this blank):
(Company Loss Runs must be provided – 3 years minimum)
5. Type of reporting desired (check one):
 Monthly Reporting of New Starts (Annual rate applies) *(Complete 13)*
 Report location at inception (Non reporting/Single Shot) *(Complete 14)*
 Blanket coverage *(Complete 13 & 14)*
6. Do windows and doors remain locked after installation? Yes No
7. AOP Deductible desired (check one): \$1,000 \$2,500 \$5,000 Other/Specify: _____
8. Theft Deductible: \$2,500 (minimum) \$5,000 \$10,000
(Theft deductible must be equal or greater than the AOP Deductible.)
9. Do you have a written Site Control Policy or Risk Management Plan in place Yes No
10. Limits of Insurance:
Any one Structure: \$ _____
Any one occurrence: \$ _____
Property in Transit: \$ _____
Property temporarily stored at other premises:
\$ _____
Model Home Contents: \$ _____
Soft Costs: \$ _____
11. Flood Coverage? Yes No
(where available)
12. Earth Movement Coverage? Yes No
(not available in CA)
Include Exterior Masonry Veneer: Yes No



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13. Please provide estimates for projected new starts (by zip code and / or per county) for the next 12 months. (Check here if another sheet attached for explanations)

City	County	ST	Zip Code	Distance to Coastal Water	Protection Class	# of Homes	Estimated average total completed value PER Home <i>(Do NOT include the land)</i>	Estimated average duration to construct home <i>(in months)</i>	Estimated # of homes in progress at any one time

*Type: A = Single Family Dwelling; B = Multi-unit Structure; C = Commercial (other than Apartments); D = Model Homes; E = Model Home Leaseback

14. If blanket coverage is requested and coverage for existing inventory is desired, please provide details of the existing inventory below, or attach a separate list. If Single Shot, list below.

Street Address	City	ST	Zip Code	Distance to Coastal Water	Protection Class	Estimated average total completed value PER Home <i>(Do NOT include the land)</i>	Original Start Date	Projected Date of Close

Please take a moment to review your application and ensure you have answered all questions. Not doing so will impact coverage offered.

Your signature authorizes HBW Holdings, Inc., and its subsidiary companies (HBW Insurance Services (HBWIS), Home Buyers Warranty Company (HBW), Residential Insurance Company (RIC) &/or National Home Insurance Company (NHIC)) to conduct an investigation of the applicant's activities, make inquiries and obtain credit reports as may be necessary for its determination of the applicant's financial and technical ability to meet its obligations to homeowners, insurance carrier/s and the Risk Retention Group/s. Your signature also authorizes the underwriter of the "APP" program and the CGL carrier to access all information in the possession of HBW, NHIC and/or RIC related to applicant's claims and/or complaints associated with 2-10 HBW Warranty.

Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and (NY: Substantial) civil penalties. (Not applicable in CO, FL, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN, VA and WA, insurance benefits may also be denied)
 IN FLORIDA, ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.

Insurance Agency:

Applicant (Must be Officer/Owner)

Signature / Date	/	/
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