

Insurance Specialty Construction Group – Contractors Questionnaire

Name of Applicant:	New Business Effective Date:
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1. Ownership / Operations/ Employee Overview Section:

A.) Number of years Applicant has been in Business **Year Business started:**
Type of Entity: Corp J.V./Partnership LLC Sole Proprietor Other (specify in explanation section)

If less than 3 years, attach resumes and make any appropriate comments in the **Explanation Section**

Principal/s	FEIN or SS#	Ownership%

B) Check the types of operations applicant performs:

Developer General Contractor Sub Contractor Manage / Own Properties Bank / Investor

C) Applicant's Contractors License # _____

D) In the past three years, has any carrier ever cancelled, declined or refused to issue similar insurance to the Applicant?
(not applicable to Missouri applicants)

Yes* No *If Yes, Provide Details: _____

E) Provide the following schedule of your current insurance coverage:

Line of Coverage	Please check below that you completed all sections applicable to this policy on ACORD 125	Deductible (Ded) or SIR	Expiring Premium & Carrier
General Liability	<input type="checkbox"/> Yes	Ded Amount	Expiring Prem:
	<input type="checkbox"/> Umbrella or Excess	Or SIR Amt:	Expiring Composite Rate:
			Expiring Carrier:
<input type="checkbox"/> Yes, or <input type="checkbox"/> N/A	Ded Amount	Expiring Prem:	
Builders Risk	ACORD Not Needed	Or SIR Amt:	Expiring Carrier:
		AOP: Theft:	Expiring Carrier:

F) Who to contact at your office:

General Contact:	Name:	Phone: - -	Fax: - -	E-Mail:
Loss Control:	Name:	Phone: - -	Fax: - -	E-Mail:
Premium Audit:	Name:	Phone: - -	Fax: - -	E-Mail:

G) Do you have a website? Yes * No **If yes, please provide address**

H) Number of Employees: **Full Time:** **Part Time:**

I) Projected Payroll for Sales & Clerical Personnel:

J) Does Applicant purchase Workers Compensation Insurance? Yes No *

* If No, Explain: _____ **Provide Workers Comp Experience Mod**

K.) Complete the information below for applicants Executive Supervisors

Name of Executive Supervisors/s	Age	Years of Experience as Supervisor ***	Estimated Payroll	Largest Job Site Supervised	Years with the Company
Total Executive Supervisor Payroll ***Attach resumes if experience is less than 3 years.				Attach a list if needed. All Supervisors must be listed.	

L.) Total Annual Receipts for last 5 years:

	Receipts / # Homes Built		Receipts / # Homes Built
Previous 12 months	/	1 years prior	/
2 year prior	/	3 years prior	/
4 years prior	/		

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2. Operations Financial Section:

Not required if Project or Wrap, separate Addendum is required for Project or Wrap

COMPLETE THIS BREAKDOWN FOR THE UPCOMING POLICY TERM

	Receipts				#Units / Homes	Average Price	# Stories Excluding Garage	# of Units Per Bldg.
	Dollars	% To Total	% Increase					
			Next 24	Next 36				
New Home Construction								
One & Two Family Construction								
Fee Simple Town homes 4 units or less								
**Fee Simple Town homes 5 to 8 units								
** Fee Simple Town homes 9+ units								
**Condominiums (Attach Site Plans)								
Provide typical home construction period for the New Home Construction identified above:						(In months)		
**Commercial Construction:								
< Or = 10,000 Sq Ft.								
10,001 – 19,999 SF								
20,000 + Sq. Ft.								
Model Homes Construction:								
Model Homes								
Model Home Leasebacks								
Remodeling Construction (Incidental only allowed):								
Residential Remodeling								
Commercial Remodeling								
Other Construction:								
Developed Land Sold to 3 rd Parties					← Acres			
Vacant Undeveloped Land Sold to 3 rd Parties					← Acres			
Subcontracting Work performed by applicant								
Other:								
Please provide description for Other:								
TOTAL		100%						

If commercial construction, listed above, please describe the intended use:

** Refer to policy coverage extensions and/or exclusions.

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3. Miscellaneous Information Section:

A) Is any operation or property owned, leased or occupied that is **not** related to residential construction?

Yes* No * If yes, please describe in **Explanation Section** at end of application

B) Is any operation or property owned, leased or occupied that is **not** intended to be covered by this policy?

Yes* No * If yes, please describe in **Explanation Section** at end of application

C) Identify geographical area of operations for specified timeframes (3 Yrs prior & projected 12 months)

Use explanation section if need more room:

Construction Year	Town/s, County/s, State/s	Town/s, County/s, State/s	Town/s, County/s, State/s
<i>Projected next 12 months:</i>			
<i>1 Yr Prior:</i>			
<i>2 Yrs Prior:</i>			
<i>3 Yrs Prior:</i>			

D) Does Applicant employ an Architect or an Engineer? Yes *No

* If No, is an independent A or E contracted? Yes No

If independent contractor: A) What is the Limit of Insurance on the Insurance policy? _____, and,

If such insurance is offered in the insurance market, confirm that his Insurance Policy names the Applicant as an additional Insured True False, Not offered

Confirm that you have a contract with the A&E that holds you harmless True False

E) Do you currently build using EIFS **and** do you intend to build using EIFS in the proposed policy term?

Yes* No * If yes, please describe in **Explanation Section** at end of application.

F) If your construction includes demolition of existing structures over two stories in preparation for construction indicate so here by providing complete description. If not applicable, write "N/A" here.

G) Confirm that you are not taking over construction of any uncompleted projects from another contractor.

Check here if you are NOT taking over an uncompleted project:

Provide attachment with explanation if you ARE taking over an uncompleted project

H) Confirm that your construction does not involve conversion, reconstruction or resale of any existing structure.

Check here if it does not involve these activities:

Provide attachment with explanation if it DOES involve these activities:

4. Subcontractor Information Section:

Regarding the Subcontractors you utilize:

A) Estimate the cost of materials provided directly by and paid for by you:

B) Please check which minimum CGL Limits you require of your Subcontractors: \$500,000 \$1,000,000 or
 Do not require CGL insurance

C) Please check the proper response regarding the current Subcontractor agreements the applicant has in place with Subcontractors:

	Yes	No
<i>Have agreements with all Sub Contractors:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Agreements have Hold Harmless & Indemnity clauses:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Agreements have Waiver of Rights of Subrogation clause:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Agreements require the subcontractors insurance policy to name applicant as additional insured</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Do you require all subcontractors to have Workers Compensation Insurance:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Please note:

One of the benefits of the APP program is access to suggested Subcontractor agreements that your attorney can easily review and modify if needed.

D) Is there any uninsured subcontractor exposure? Yes* No * If yes, complete info below:

Class Description	ISO Class Code	Estimated Costs	Comments

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5. Risk Management, Safety & Loss Control Section:

A) Are you an existing client of 2-10 HBW, or have you ever been a 2-10 HBW client? Existing client Former client New client

B) Do you provide Third Party insurance-backed warranties to the homeowners/buyers? Yes* No

*If yes, please provide percent of homes covered by said warranty:
 % In last 12 months / % In prior year / % in the 3 years prior to that

C) Is the sales contract to the homeowner between the applicant and the homeowner? Yes No*

*If no, please indicate who is selling the home: _____

D) Describe the type of security used on each construction site:

	Fencing & Signage	Lighting	Watchmen
<i>Provide Details such as →</i>	<i>Type, Perimeter, Height, Gates, Warning Signs, etc.</i>	<i>Flood, Street, Distance from Project, etc.</i>	<i>Onsite, Drive By Service, Frequency, etc.</i>
<i>Applicants Comments →</i>			

E) Does applicant provide a homeowners manual which describes maintenance schedules, and proper use of property to all homebuyers? Yes No

F) Does applicant have and actively use a Site Safety Program and Manual? Yes No

G) Does applicant test all land (even if partially developed) prior to purchasing for building? Yes No*

*If no, do you obtain soil testing from the developer? Yes No

H) Does applicant employ a soil engineer? Yes No*

*If no, is an independent soil engineer contracted? Yes No

If independent contractor:

A) What is the Limit of Insurance on the Insurance policy? _____, and

B) Confirm that his Insurance Policy names the Applicant as an additional insured True False

C) Confirm that you have a contract with the Soil Engineer that holds you harmless True False

6. Loss History Section:

A) Please submit updated/currently valued Company Loss Runs – 3 years minimum.

(5 Years if Applicant is/was =>200 homes, and/or if requested by Underwriter)

Confirm they are attached: Yes No*

* If no, please comment as to when loss runs will be available Comment: _____

B) Please comment on any substantial increase in losses and/or reserves in the last year:

If more room is needed, please describe in **Explanation Section** Comment: _____
 at end of application.

C) Complete the following for the prior 3 years:

(5 Years if Applicant is/was =>200 homes, and/or if requested by Underwriter)

Year	Total Receipts	Total Premium	Total Losses Incurred	Loss Valuation Date	Carrier

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7. Explanation Section:

Reference Section & Question # <i>(Example: 5A)</i>	

(Check here if another sheet attached for explanations)

Signature Section:

Your signature warrants the information contained on this addendum and all applications on file with the insurance company. You also pledge that the above statements are true and that no material facts have been suppressed or misstated. Any person knowingly and with intent to defraud an application by providing false or misleading information commits a fraudulent act. Your signature authorizes HBW Holdings, Inc., and its subsidiary companies and/or Insurance Specialty Group 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 Insurance Specialty Group and the CGL carrier to access all information in the possession of HBW, and/or the risk retention groups related to applicant's claims and/or complaints associated with 2-10 HBW Warranty. Your signature warrants your commitment to the risk management requirements of the APP program, including but not limited to the purchase of an approved warranty on all homes, compliance with Risk Management requirements, execution of a premier site safety plan and compliance with the Self Insured Retention contract (if applicable).

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, DC, FL, HI, MA, NE, OH, OK, OR, VT or WA; in LA, ME, TN and VA, insurance benefits may also be denied)

IN THE 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 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.

IN MASSACHUSETTS, NEBRASKA, OREGON AND VERMONT, 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, MAY BE COMMITTING A FRAUDULENT INSURANCE ACT, WHICH MAY BE A CRIME AND MAY SUBJECT THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

IN 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.

	<i>Insurance Agency:</i>	<i>Applicant (Must be Officer/Owner)</i>
<i>Signature</i>		
<i>Signature Name- Printed Please:</i>		
<i>Name of Insurance Agency:</i>		
<i>Title of Person Signing</i>	<i>Date:</i>	<i>Date:</i>

Checklist of Information required for New Business Submission:

- ACORD 125 and 126
- Resumes of Executive Supervisors if Builder has been in business 3 years or less
- 3 or 5 years of loss runs (**if** 200+ homes or Projects/Project with Wrap/ 5 years) valued within the last 90 days
- APP Specs executed by Officer/Principal of the Applicant required at binding
- Multiple Named Insured Application (**if** more than one entity desired on CGL policy)
- Increased Limits Questionnaire (if B/R coverage desired on home > 750,000 completed value)
- Copy of Contractors License
- Ability to verify license

Please return this application to the Insurance Specialty Construction Group:

4501 Circle 75 Pkwy, Suite F6200 Atlanta, GA 30339
 Phone # 678-742-6300 **or** 800-793-5884 Fax # 678-742-6301