

Insurance Specialty Construction Group – Renewal Contractors Questionnaire

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

A) Any change to the types of operations applicant performs (check new):

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

B) Applicant's Contractors

License # _____

C) Any change to the following Premises Mailing
 addresses, if so please provide:

D) Do you anticipate forming any new building entities in the next 12 months? Yes No

E) Changes in - 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:

F) Number of Employees: Full Time: Part Time:

G) Projected Payroll for Sales & Clerical Personnel:

H) Projected Payroll for Insured Subcontractor Costs:

I) 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.	

J) Complete the information below for applicants' Direct Employees

Class Description	ISO Class Code	Estimated Costs	Estimated Payroll	Comments

K) Identify geographical area of operations for the specified timeframe (projected 12 months)

Construction Year	Town/s, County/s, State/s	Town/s, County/s, State/s	Town/s, County/s, State/s
Projected next 12 months:			

L) Do you anticipate any demolition/knockdowns of existing structures in order to build new construction? Yes No

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CGL Renewal Business Application Name of Applicant:

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2. Operations Financial Section:

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:

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

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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.

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

Checklist of Information required for Renewal Business Submission:

- 3 or 5 years of loss runs (if 200+ homes or Projects/Project with Wrap/ 5 years) valued within the last 60 days
- APP Specs executed by Officer/Principal of the Applicant required at binding
- 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