



# Questionnaire for New Business

Name of Applicant \_\_\_\_\_

Policy Effective Date \_\_\_\_\_

## I. Ownership / Operations / Employee Overview

1. Types of operations you perform  developer  general contractor  subcontractor  
 manage / own Properties  bank / investor
2. Contractors license number \_\_\_\_\_ 3. What year was your business founded? \_\_\_\_\_
4. Type of entity  corporation  j.v. / partnership  llc  
 sole proprietor  other (explain: \_\_\_\_\_)
5. Provide the following schedule of your current insurance coverage.

Line of coverage	Have you completed all sections applicable to this policy on ACORD 125?	Deductible or SIR amount	Expiring premium	Expiring carrier
General liability	<input type="checkbox"/> yes <input type="checkbox"/> no			
<input type="checkbox"/> umbrella OR <input type="checkbox"/> excess	<input type="checkbox"/> yes <input type="checkbox"/> no			
Builders risk	N/A			

6. In the past 3 years, has any carrier ever cancelled, declined, or refused to issue similar insurance to you?  
 (Not applicable to Missouri applicants)  yes  no  
 if yes, please explain: \_\_\_\_\_
7. Do you purchase workers compensation insurance?  yes  no  
 if no, please explain: \_\_\_\_\_
8. Number of employees full-time \_\_\_\_\_ part-time \_\_\_\_\_
9. Projected budget for sales & clerical personnel payroll \_\_\_\_\_
10. Complete the information below about your executive supervisors.

Name	Years of experience*	Years with your company	Largest job site supervised	Estimated payroll
ALL supervisors must be listed. Attach a separate list if necessary. *attach resume if experience as executive supervisor is less than 3 years.			total executive supervisor payroll:	

11. Define your exposure value by class.

Class code	Description	Exposure value	Class code	Description	Exposure Value
46362	Model homes (# of units)		91340	Carpentry (include site superintendents)	
47051	Real estate development (# of acres)		91580	Executive supervisors	
49451	Vacant land (# of acres)		91583	Insured subcontractors (1- or 2-family dwellings)	

12. Who should we contact in your office for . . .

	Name	Phone	Fax	Email
General contact				
Loss control				
Premium audit				



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13. Total annual receipts for the past 5 years:

	Past 12 months	1 year prior	2 years prior	3 years prior	4 years prior
Receipts					
# of homes built					

## II. Operations

Complete this breakdown for the upcoming policy term. (Not applicable if Project or Wrap)

	receipts				average price per unit	# units	max # units per building	# stories excluding garage
	total receipts	% of total receipts	% increase					
			next 24	next 36				
<b>New Home Construction</b>								
1 & 2 family construction								
Fee simple townhomes (4 units or less)								
Fee simple townhomes** (5-8 units)								
Fee simple townhomes** (9+ units)								
Condominiums** (attach site plans)								
<i>Provide typical home construction period (in months) for new construction identified above:</i>								
<b>Commercial Construction (refer to policy coverage extensions and/or exclusions)</b>								
up to 10,000 sqft								
10,001-19,999 sqft								
20,000+ sqft								
<i>Describe intended use of commercial construction:</i>								
<b>Remodeling Construction (incidental only allowed)</b>					avg. job cost			
Residential remodeling								
Commercial remodeling								
<b>Other Construction**</b>								
Developed land sold to 3rd parties					# acres:			
Vacant undeveloped land sold to 3rd parties					# acres:			
Subcontracting work**								
Other								
<b>**Provide description:</b>								
TOTAL		100%						



### III. Miscellaneous Information

1. Is any operation or property owned, leased, or occupied that is NOT related to residential construction?  
 yes  no *if yes, please explain:* \_\_\_\_\_
2. Is any operation or property owned, leased, or occupied that is NOT intended to be covered by this policy?  
 yes  no *if yes, please explain:* \_\_\_\_\_
4. Does your construction include demolition of existing structures over two stories?  
 yes  no *if yes, please provide complete description:* \_\_\_\_\_
- \_\_\_\_\_

5. Do you employ an architect or an engineer? If no, do you contract an architect or an engineer?  
 yes  no  yes  no

6. List your geographical areas of operations (town, county, state) for these specified timeframes:

Next 12 months	Past 12 months
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

7. Are you taking over construction of any uncompleted projects from another contractor?  
 yes  no *if yes, please provide an attachment with an explanation*
8. Does your construction involve conversion, reconstruction, or resale of any existing structures?  
 yes  no *if yes, please provide an attachment with an explanation*

### IV. Subcontractor Information

1. Estimate the cost of materials provided directly by and paid for by you \_\_\_\_\_
2. Which minimum CGL limits do you require of your subcontractors?  \$500,000  \$1,000,000  N/A
3. Which of the following statements are true about your existing subcontractor agreements?\*
- I have signed agreements with all subcontractors.
  - My subcontractor agreements contain Hold Harmless & Indemnity clauses.
  - My subcontractor agreements contain Waiver of Rights of Subrogation clauses.
  - My agreements require the subcontractors' insurance policies to name me as additional insured.
  - My subcontractors are required to have workers compensation insurance.

*\*Note: ISG's APP program gives you access to suggested subcontractor agreements that your attorneys can easily review and modify.*

4. Is there any uninsured subcontractor exposure?  yes  no *if yes, complete the information below*

Class description	ISO class code	Estimated costs	Comments



## V. Risk Management / Safety / Loss Control

1. Are you an existing client of 2-10 HBW? [ ] yes [ ] no  
*if yes, what is your builder number? \_\_\_\_\_*  
*if no, what warranties do you use? \_\_\_\_\_*
2. Do you provide third party insurance-backed warranties to homeowners/buyers? [ ] yes [ ] no  
*if yes, please provide percent of homes covered by said warranty*  
 In past 12 months \_\_\_\_\_%    1 year prior \_\_\_\_\_%    3 years prior \_\_\_\_\_%
3. Is the sales contract between you and the homeowner? [ ] yes [ ] no  
*if no, please indicate who is selling the home \_\_\_\_\_*
4. Do you provide a homeowners' manual that includes maintenance schedules and proper use of all property? [ ] yes [ ] no

5. Describe the type of security used on each construction site

Fencing & signage	Lighting	Watchmen
<i>ie. type, perimeter, height, gates, etc.</i>	<i>ie. flood, street, distance from project, etc.</i>	<i>ie. onsite, drive-by service, frequency, etc.</i>

6. Do you have and actively use a site safety program and manual? [ ] yes [ ] no
7. Do you 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*
8. Do you employ a soil engineer? [ ] yes [ ] no  
*if no, do you contract a soil engineer? [ ] yes [ ] no*

## VI. Loss History

1. Please attach updated/currently valued company loss runs for the past 5 years.  
*confirm loss runs attached* [ ] yes [ ] no
2. Please comment on any substantial increase in losses and/or reserves in the past year
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- 
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3. Complete the following for the past 5 years.

Policy period	Carrier	Premium	Total losses incurred	# of claims	Valuation date



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## VII. Signatures

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 Insurance Specialty Group LLC and its subsidiary companies 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 use 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.

\_\_\_\_\_  
Signature of applicant (must be officer or owner)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Title

### New business submission checklist:

- ACORD 125 and 126
- Resumes of executive supervisors if builder has been in business 3 years or less
- 5 years of loss runs valued within the last 60 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)