



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

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

## I. Ownership / Operations / Employee Overview

1. Types of operations you perform     developer     general contractor     subcontractor

2. Contractors license number \_\_\_\_\_

3. Address Changes     yes     no    *If yes, please note the new address below*

New Mailing Address

\_\_\_\_\_  
\_\_\_\_\_

New Physical Address

\_\_\_\_\_  
\_\_\_\_\_

4. Do you purchase workers compensation insurance?     yes     no

*if no, please explain:* \_\_\_\_\_

5a. Number of Office Employees    full-time: \_\_\_\_\_    part-time: \_\_\_\_\_

5b. Number of Field Employees    full-time: \_\_\_\_\_    part-time: \_\_\_\_\_

6a. Projected Budget for sales & clerical personnel payroll \_\_\_\_\_

6b. Projected Budget for field employees (not executive supervisors) \_\_\_\_\_



7. Complete the information below about your executive supervisors.

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

8. Define your exposure value by class. Include any self-performed work.

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 (Residential dwellings)	
			91585	Insured subcontractors (Commercial)	

9. Estimate the cost of materials provided directly by and paid for by you: \_\_\_\_\_

Are these material costs included in the Exposure Values above?  yes  no

*(If no: material costs will be added to the 91583 exposure values)*

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

	Name	Phone	Fax	Email
Loss control				
Premium audit				





### III. Miscellaneous Information

1. Changes to Schedule of Named Insureds:  yes  no

a. Please list entities to be removed:

b. To add entities - Please completed the ISG Multiple Named Insured Addendum

2. Is any operation or property owned, leased, or occupied that is NOT related to residential construction?

yes  no *if yes, please explain:* \_\_\_\_\_

3. 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. Are you taking over construction of any uncompleted projects from another contractor?  yes  no

*if yes, please provide an attachment with an explanation*

6. Does your construction involve conversion, reconstruction, or resale of any existing structures?  yes  no

*if yes, please provide an attachment with an explanation*

7. 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>

8. Do you have and actively use a site safety program and manual?  yes  no

9. Attached updated/currently valued company loss runs for the past 5 years.  yes  no

10. Please comment on any loss of \$25,000 or substantial increase in losses and/or reserves in the past year



## IV. 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
- 5 years of loss runs valued within the last 60 days
- Multiple-named insured application (IF more than one entity desired on CGL policy)

Please return this application to your insurance agent or broker