



# Questionnaire for Renewal 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. Address changes?  yes  no *if so, please note new addresses:*

Mailing address \_\_\_\_\_

Physical location \_\_\_\_\_

4. In the next 12 months, do you anticipate . . .

forming any new building entities?  yes  no

demolishing existing structures to build new construction?  yes  no

*if yes to any of the above, list town / county / state of planned construction* \_\_\_\_\_  
\_\_\_\_\_

6. Number of employees full-time \_\_\_\_\_ part-time \_\_\_\_\_

7. Projected budget for . . . sales & clerical personnel payroll \_\_\_\_\_

insured subcontractor costs \_\_\_\_\_

8. Complete the information below about your executive supervisors.

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

9. 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)	

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

	Name	Phone	Fax	Email
General contact				
Loss control				
Premium audit				



## 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>								
<b>TOTAL</b>		100%						



# Questionnaire for Renewal Business (pg. 3)

## III. 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

### Renewal business submission checklist:

- 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 AND  Ability to verify license

Please return this application to your insurance agent or broker.

Insurance Specialty Group | 3301 Windy Ridge Parkway, Suite 100 | Atlanta, GA | Phone: 678-742-6300