



Homebuilders Coverage Inc.™ Contractors' Questionnaire

Applicant/Business Name: _____ **FEIN#** _____
(If you have more than one entity to be included as a Named Insured, complete page 5.)

Street/City/County: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **E-Mail:** _____ **D&B#:** _____

1. Type of Contractor: Homebuilder, Remodeler, Other: _____

a. If homebuilder:

i. # of starts: Projected this year _____ Last year _____ 2nd prior year _____ 3rd prior year _____

ii. AVG Home Construction Cost: _____ (AVG Construction Cost = Sales Price less Profit & Land)

AVG Profit: _____ AVG Land Cost: _____ AVG # months to build: _____

iii. Construction Cost Range: _____ Sales Price Range: _____

b. Subcontract Cost = **all** materials & equipment you purchase for use by your subcontractors in their work and **all** materials & equipment purchased by them plus their labor cost.

i. What is your Subcontract Cost (based on above definition) projected this year: _____

ii. What Subcontract Cost was used to issue your current, expiring General/Public Liability Insurance:

_____ Based on above definition, what would it be: _____

What was it for 2nd prior year: _____, 3rd prior year: _____

c. Provide: # Employees: _____ Total Payroll (excluding clerical) projected this year: _____

Last year: _____ 2nd prior year: _____ 3rd prior year: _____

d. Provide: Total Gross Sales or Revenue projected for this year: _____

Last year: _____ 2nd prior year: _____ 3rd prior year: _____

2. Provide # years in business under this name: _____. # of years in business under all prior names: _____

a. List other business names you owned/operated in last 10 years, describe type of operations & years active:

b. Do you work or have you worked in any other states in the last 10 years? Yes, No. List the other states & the business names you worked under: _____

3. Most of your work is: _____ % Rural _____ % New Construction _____ % Single-Family (S-F)

_____ % Urban _____ % Remodeling _____ % Multi-Family (M-F)*

_____ % Suburban _____ % Commercial

**(M-F) = apts, condominiums, duplexes, tri-plexes, 4 plexes, etc. OR attached single family homes (row/townhomes)*

4. **M-F Homes:** Complete the following for your projects over the last 10 years & for current & future plans: Total

<u>Project Name</u>	<u>Start/End Date</u>	<u># 4-plex or less</u>	<u># 5-plex or more</u>	<u>Units built</u>
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a. _____

b. _____

c. _____

d. _____

For each project with 100+ homes, list # of different home designs used: a _____, b _____, c _____, d _____

Which had a Homeowners' Association: (a), (b), (c), (d). Condo Association: (a), (b), (c), (d).

5. **Commercial Work** - Describe the kind & size of work you do: _____

6. Indicate the percentage your construction is concentrated in:

_____ New subdivisions _____ Extensions of existing subdivisions _____ Scattered site construction

7. Describe jobs currently in progress: _____

8. Have you ever worked on hillsides, cliffs, landfills or other areas subject to subsidence? Yes, No. If yes, list dates & precautions taken: _____

9. Use of EIFS:

a. As a general contractor or subcontractor are you currently or have you ever been involved in the application of Exterior Insulation and Finish Systems (EIFS) or similar synthetic systems? Yes, No.

If no, do you intend to use the EIFS system or a similar synthetic system in the future? Yes, No

b. If you answered yes to either question, provide the # years EIFS or similar synthetic system was used: _____

Provide the # of family units or S-F homes where EIFS or similar synthetic system was used: _____

Do you have any current or future plans to use EIFS or a similar synthetic system? Yes, No.

10. Do you perform any construction trade work for other contractors? Yes, No. If yes, what kind of work? (e.g., carpentry, concrete, electrical, framing, HVAC, plumbing, roofing, siding, etc.) _____

11. Is regular job site supervision performed? Yes, No. If yes, how many supervisors do you have? _____

a. How many supervisors have completed OSHA 10 Hour Training: _____ 30 Hour Training: _____

b. Do Supervisors document & check each stage of construction in a written format? Yes, No

12. What percentage of trade work do you directly perform: _____%. Amount Subcontracted: _____%

List type performed: _____

13. Do you provide a warranty? Yes, No If yes, # years: _____ Is it insurance backed? Yes, No

14. Do you perform any swimming pool construction? Yes, No. If you subcontract swimming pool construction what limits of liability insurance do you require? _____

15. When involved in new subdivisions, indicate what your function is (show all that apply):

_____ Land Developer _____ Sole Builder _____ Primary Builder _____ One of several builders

a. **Land Developer:** In the last 10 years, currently or for future plans: Did/will you develop land where you (or a related business) didn't or won't construct homes in them? Yes, No. If yes, complete the following:

<u>Project Name</u>	<u>Location</u>	<u># Acres</u>	<u>Date Completed</u>
_____	_____	_____	_____
_____	_____	_____	_____

b. **Sole Builder:** In the last 10 years, currently or for future plans: complete the following:

<u>Project Name</u>	<u>Location</u>	<u>Total # S-F Units</u>	<u>Total # M-F Units</u>	<u>Date Started</u>	<u>Date Completed</u>
(1) _____	_____	_____	_____	_____	_____
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____
(4) _____	_____	_____	_____	_____	_____

For each project with 100+ homes, list the # of different home designs used: 1_____, 2_____, 3_____, 4_____

Which had a Homeowners' Association: (1), (2), (3), (4). Condo Association: (1), (2), (3), (4)

g. **Site Security:** Describe in detail: _____

h. **Single Shot Quote** (If applicable): **Complete the following:** Protection Class: 1-5, 6-8, 9-10
Estimated Start Date: _____ Completion Date: _____ Dwelling Limit: _____
Temporary Location Limit: _____ Transit Limit: _____ Deductible: _____
Location Address (street, city, state, Zip): _____

Distance to Fire Dept: _____ Paid , Volunteer Fire Hydrant within 1000'? Yes, No

If the working Fire Hydrant is more than 1000', or the Fire Dept is more than 5 Miles, complete "f" above.

21. Are you, any partner, director or officer aware of any past accident, occurrence, fact, circumstance, or situation involving the business, which might result in a future claim? Yes, No. If yes, please provide details:

22. Please complete the information below for the insurance coverages you are requesting:

- a. Property: what was your total building (RP) & contents (BPP) limit, last year: _____
- b. Excess/Umbrella: what was your excess or umbrella limit last year? _____

WARRANTY, AUTHORIZED SIGNATURE AND CONTINUING DUTY TO UPDATE

The undersigned is an authorized representative of the Applicant and acknowledges that the information provided above and with the application, including supplements, attachments, and replies to the underwriter inquiries, and applications from other insurance companies which have been submitted to Homebuilders Coverage, Inc. or its subsidiaries and made a part of the application:

- 1. Will be relied upon by Homebuilders Coverage Inc. in determining the acceptability of the prospective Name Insured and the premium to be charged;
- 2. Are true, accurate, and complete; and
- 3. Will be an integral part of any resultant contract.

The undersigned further agrees that the prospective Named Insured has a continuing duty, through date of policy inception, to update the application, including all supplements, attachments and replies to underwriter inquiries. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance, or a claim containing any false or deceptive information, or conceals information concerning any fact material thereto, commits a fraudulent act, which may be a crime.

Applicant's Signature:

Date:

Multiple-Named Insured Supplemental Questionnaire

(Copy as Needed)

Complete the following for each additional name/entity to be considered as a Named Insured

Named Insured: _____ Active, Inactive – year _____

1. Describe the **ownership relationship** to the first Named Insured: _____

2. Describe their business operations: (homebuilder, contractor, land developer or other) _____

3. If **Contractor**, what type (i.e., homebuilder, developer, carpenter, electrician, excavating, etc.): _____

4. If **Land Developer**, Over last 10 years, currently or future plans: Any land development projects where you (or a related business) didn't or won't construct homes in them? Yes, No. If yes, provide their **name(s) & completion date(s)**:

(1) _____ (2) _____

(3) _____ (4) _____

5. If **Homebuilder**: Over last 10 years, currently or future plans: List their **name(s), start & completion date(s)**:

(1) _____ (2) _____

(3) _____ (4) _____

a. What's the total number of S-F homes/units in each project? (1) _____, (2) _____, (3) _____, (4) _____

b. How many of these did/will you build in each project? (1) _____, (2) _____, (3) _____, (4) _____

c. If M-F homes, how many with 4 or less units per building: (1) _____, (2) _____, (3) _____, (4) _____

d. If M-F homes, how many with 5 or more units per building: (1) _____, (2) _____, (3) _____, (4) _____

d. Which had a Homeowners' Association: (1), (2), (3), (4). Condo Association: (1), (2), (3), (4).

e. For each project with 100+ homes, list # structurally different home designs used: 1 _____, 2 _____, 3 _____, 4 _____,

Named Insured: _____ Active, Inactive – year _____

1. Describe their **ownership relationship** to the first Named Insured: _____

2. Describe their business operations: (homebuilder, contractor, land developer or other) _____

3. If **Contractor**, what type (i.e., homebuilder, developer, carpenter, electrician, excavating, etc.): _____

4. If **Land Developer**, Over last 10 years, currently or future plans: Any land development projects where you (or a related business) didn't or won't construct homes in them? Yes, No. If yes, list their **name(s) & completion date(s)**:

(1) _____ (2) _____

(3) _____ (4) _____

5. If **Homebuilder**: Over last 10 years, currently or future plans: List their **name(s), start & completion date(s)**:

(1) _____ (2) _____

(3) _____ (4) _____

e. What's the total number of S-F homes/units in each project? (1) _____, (2) _____, (3) _____, (4) _____

f. How many of these did/will you build in each project? (1) _____, (2) _____, (3) _____, (4) _____

g. If M-F homes, how many with 4 or less units per building: (1) _____, (2) _____, (3) _____, (4) _____

h. If M-F homes, how many with 5 or more units per building: (1) _____, (2) _____, (3) _____, (4) _____

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