|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information**   |  |  |  |  | | --- | --- | --- | --- | | Wholesale Brokerage: |  | Broker: |  |   Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Street: |  | City: |  | St: |  | Zip: |  |   Phone Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Fax Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surplus Lines License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Named Insured: |  | Date: |  |
| DBA (if applicable): |  |

Primary Address:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Street: |  | City: |  | St: |  | Zip: |  |

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In what state does the Builder primarily build: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Type of Entity |  | Corporation |  | J.V. / Partnership |  | Sole Proprietor |  | Other: |  |

|  |  |  |
| --- | --- | --- |
| Number of Years Applicant has been in Business: |  | *If less then 3 years, attach resumes of Principals and Supervisors* |

|  |  |  |  |
| --- | --- | --- | --- |
| Principal(s) Name | FEIN # Social Security # | % Ownership | Contractors License |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Executive Supervisor (s) | Experience (YRS) | Size and Type of Prior Projects |
|  |  |  |
|  |  |  |
|  |  |  |

Number of homes the Builder has completed for the last 3 years: 2014 \_\_\_\_\_\_ 2013 \_\_\_\_\_\_ 2012 \_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| General Contractor: |  | FEIN: |  | License Number: |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Contract Person (s): | Name | | | | | Position | | Phone | | Email |
| General: |  | | | | |  | |  | |  |
| Loss Control: |  | | | | |  | |  | |  |
| Accounting: |  | | | | |  | |  | |  |
| Misc: |  | | | | |  | |  | |  |
|  | |  |  |  |  | |  | |  | | |

**Project Specific Data**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Select type of Policy requested: | Project Specific: |  | Wrap-Up: |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Project total Gross Receipts: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| Estimated Project total Construction Cost: |  | | | |
| Estimated Time Required to Complete and sell all units in months: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Estimated Start Date |  |  |  |  | |  |

Estimated Completion Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Project: | | |  | | | | | | | | | |
| Physical Address of Project: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| Detailed description of Project (including number of buildings, number of units, building construction & number of floors: | | | | | | | | | | | | |
| Building Type | # of Buildings | # of Units per Building | | Number of Stories | | Estimated Sale Price Per Home/unit |  | Type of Construction | C:\Users\janet1\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\23M2XK18\large-right-check-166.6-6151[1].gif | Protection  Class | | Estimated Total Project Receipts |
| Above Grade | Below Grade |
| Single Family Dwellings |  |  | |  |  |  |  | Wood Frame |  |  | |  |
| Joisted Masonry |  |  | |  |
| Masonry Non-Combustible |  |  | |  |
| Other: |  |  | |  |
| **Square Footage Per Bldg:** |  | | |  |
| Multi Family Dwelling |  |  | |  |  |  |  | Wood Frame |  |  | |  |
| Joisted Masonry |  |  | |  |
| Masonry Non-Combustible |  |  | |  |
| Other: |  |  | |  |
| **Square Footage Per Bldg:** |  | | |  |
| Condo / Mixed Use |  |  | |  |  |  |  | Wood Frame |  |  | |  |
| Joisted Masonry |  |  | |  |
| Masonry Non-Combustible |  |  | |  |
| Other: |  |  | |  |
| **Square Footage Per Bldg:** |  | | |  |
| Apartment / Commercial |  |  | |  |  |  |  | Wood Frame |  |  | |  |
| Joisted Masonry |  |  | |  |
| Masonry Non-Combustible |  |  | |  |
| Other: |  |  | |  |
| **Square Footage Per Bldg:** |  | |  | |
| **Limitations / Special Requirements**  **Single Family Dwellings** – Maximum 5 stories above garage or $15 Million per building.  **Multi-Family** –Maximum 5 stories above garage or $15 Million per building.  **Mixed Use** - Maximum 3 – 7 stories (based on occupancy and type of building) and $15 Million per building.  **Commercial** - Maximum of 3 stories (7 stories for apartment buildings) and $15 million per building.  Maximum support column spacing or clear-span of roof of 50 feet.  **MANDATORY\*A Soils report is required with all submissions.**  **Describe surrounding exposures including proximity of any adjacent structures:**  North: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  South: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  East: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  West: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Are there any exposures to hillsides, slopes, landfill or other potential subsidence areas?**  Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_  Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Was the site previously developed?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_  Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please be sure to include complete details of any previous site improvements which will be part of the final project.  **Will the project involve any demolition of existing structures?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_  Description: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Has construction started?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_ If yes, provide details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  When did construction start? \_\_\_\_\_\_\_\_\_\_\_\_\_\_ What has been constructed to date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Has financing been secured?** Yes \_\_\_\_\_\_ No \_\_\_\_\_\_  **What is the source of financing?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Audit Contact, e-mail and phone number**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Loss Control Contact, e-mail and phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of Project Administration Contact, e-mail and phone number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PROJECT TEAM – BACKGROUND EXPERIENCE:**   1. **Project Sponsor/Developer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Name of contact person, mailing address, e-mail and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Describe past Residential construction experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **B. Project Architect: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of contact person, mailing address, e-mail and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Describe past Residential construction experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **C. Project General Contractor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FEIN #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Name of contact person, mailing address, e-mail and phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Describe past Residential construction experience (such as the number and types of residential**  **Structures built): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **General Contractor – number of years in business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **General Contractor – number of years building residential structures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please provide the following information on any projects started/completed in last 3 years** | | | | |
| Type of Construction:  (Single Family, Condo, Mixed Use , Lt Commercial) | Number of Buildings and/or Units | Average Sales price per Building/Unit | Mo/Yrs. to Complete Project | Location (City, State) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Miscellaneous Information**

Does the Builder have a website: Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ If yes, what is the website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Number of Employees: | Full Time: |  | | Part Time: | | | | | |  | | | | |
| Does Applicant purchase Workers Compensation Insurance: | | Yes |  | | No | |  | | Carrier: | | | | ­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Is Stop Gap Coverage Requested:  (ND, OH, WA and WY only) | | | Yes | | |  | | No | | | |  | | | | |
| Is the builder currently a member of the HBW Warranty Program? | | | | | | | | | | | Yes | | |  | | No | |  | Builder Number*:* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are the homes/units/Structures Pre-Sold? | Yes |  | No |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| What Type of Financing will be used? | FHA/VA |  | Conventional |  | Self/Cash |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Will any portion of the structure be occupied prior to completion of the project (if applicable)? | Yes |  | No |  | If yes Please provide details below |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the jobsite require any demolition or excavation? If yes, is coverage required for these operations? | Yes |  | No |  | If yes Please provide details below |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does Project construction involve conversion, reconstruction or resale of any existing structure? | Yes |  | No |  | If yes Please provide details below |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Confirm if you are taking over construction of any uncompleted projects from another contractor | Yes |  | No |  | If yes Please provide details below |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Will the Structure have a sprinkler system installed? | Yes |  | No |  | If yes: When: |  |

NOTES:

**Subcontractors Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require all Subcontractors to carry CGL Insurance? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, what are the minimum CGL Limits you require your Subcontractors to have: | $500,000 |  | $1,000,000 |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you currently collect and review the certificates of insurance? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| If yes, who is responsible for collection and review: | Name: |  | Phone: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you currently have Subcontractors agreements? | Yes |  | No |  |

|  |
| --- |
| If yes, Please indicate if the following apply: |
| Have agreements with all Subcontractors: | | Yes |  | No |  |
| Agreements have Hold Harmless & Indemnity clauses: | | Yes |  | No |  |
| Agreements have waiver of Subrogation clauses: | | Yes |  | No |  |
| Agreements require the subcontractors insurance policy to name applicant as additional insured: | | Yes |  | No |  |
| Do you require all subcontractors to have Workers Compensation Insurance: | | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is there any uninsured subcontractor exposure? |  |  | Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ |  |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| If Yes, Please complete the following for all uninsured subcontractors: | | | |
| Class Description | ISO Class Code | Estimated Costs | Comments |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Risk Management, Safety & Loss Control**

|  |  |  |
| --- | --- | --- |
| Construction site security measures: | | Description |
| Access Restrictions  (Fencing & Signs) | Type, Perimeter, Height, Gates, Warning Signs, No Trespass |  |
| Lighting | Flood, Street, Distance from Project, Ect. |  |
| Watchmen/Security Systems | Onsite, Drive by Service, Frequency, Motion Sensors |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surrounding neighborhood: Residential \_\_\_\_\_ Mfg./Industrial \_\_\_\_\_ Commercial \_\_\_\_\_ Rural \_\_\_\_\_ Other \_\_\_\_\_  Does applicant have and actively use a Site Safety Program and Manual? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Are you an existing 2-10 HBW, or have you ever been a 2-10 HBW client? | Yes |  | No |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you provide a Third Party insurance backed warranty to the purchaser? | Yes |  | No |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Is the sale between the applicant and the purchaser? | Yes |  | No |  |  |
| If no, please indicate who is selling the home/building: | | | | |

Describe how warranty work will be addressed following completion of the project:

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

a) Who will do the warranty repairs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

b) Will there be a database monitoring system for the warranty program? Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_ If yes,

briefly describe the system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Does applicant provide an owner’s manual which describes maintenance schedules, and proper use of property to all purchasers? | Yes |  | No |  |

**ADDITIONAL ITEMS REQUIRED TO GET QUOTE**

Signed Acord Application

Recently Issued Soils Report

Site Map/Plot Plan

Construction Budget

Foundation and Structural Plan (if applicable as per above)

|  |
| --- |
| **Mandatory Signature Section:** |
| Your signature warrants the information contained on this addendum and all applications on file with the insurer. You also pledge that the above statements are true and that no material fact has been suppressed or misstated. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy. Your signature authorizes Paragon Insurance Group LLC and its partners (2-10 Home Buyers Warranty, Network Adjusters Inc and Paladin Risk Management) to conduct an investigation of the applicant’s and/or its owners’/principals’ 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 Risk Retention Group/s. Your signature also authorizes the Insurance Carrier to access all information in the possession of 2-10 Home Buyers Warranty related to applicant’s claims and/or complaints. Your signature warrants your commitment to the risk management requirements of the Contractors Reporting 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 Network Adjusters Inc SIR Contract. |

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

**NOTE: To bind coverage, an executed Paragon Contractors Application is required. Signature of officer of insurance agency is sufficient.**

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