

## CUSTOM HOMEBUILDER QUESTIONNAIRE

Insured: \_\_\_\_\_ Policy #: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Cell/Mobile #: \_\_\_\_\_ Website Address: \_\_\_\_\_

What state(s) do you/have you operated in? \_\_\_\_\_

Years Experience: \_\_\_\_\_ # of Employees: \_\_\_\_\_

Has the Insured or any of their entities, current or past, performed any work of any kind in the following States: Arizona, California, Colorado, Nevada, New York, Oregon, or Washington  Yes  No

Have you ever developed, or acted as a general contractor on; a residential condominium, town home, assisted living facility, nursing home, apartment or other type of multi-family building or project?  Yes  No

Have you performed any other type of construction work other than single family in the past 5 years?  Yes  No

Have you ever been named in construction defect litigation?  Yes  No

Have any of the insured's current or past entities ever operated as a different entity?  Yes  No

Have you had any OSHA violations in the past five years?  Yes  No

Any sale of land to Others?  Yes  No

Do you have a Home Warranty Program in place?  Yes  No

Are you Licensed as a General Contractor, if required, in your State?  Yes  No

Are you an HBA member?  Yes  No

Explain any "yes" answers indicated above: \_\_\_\_\_

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

### SUBCONTRACTED WORK:

Are Certificates of Insurance obtained from subs prior to starting work?  Yes  No

Do you provide daily on-site supervision of your subs?  Yes  No

If yes, percentage done by: Owner \_\_\_\_\_% Executive Supervisor \_\_\_\_\_%

Do you always use written contracts with your subcontractors that:

1) Include indemnity provisions, holding you harmless (where legally available)?  Yes  No

2) Require subs to carry Products/Completed Operations coverage?  Yes  No

3) Require subs to name you as an additional insured?  Yes  No

4) Require subs to carry \$1,000,000 per Occurrence on the GL?  Yes  No

5) Require subcontractors carry Workers' Compensation?  Yes  No

List the types of work performed by your insured subs: \_\_\_\_\_

List the types of work performed by your own direct employees: \_\_\_\_\_

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### HISTORICAL EXPOSURES FOR NEW HOME CONSTRUCTION

Historical Exposures	Upcoming Policy Yr.	Expiring Policy Yr.	1 <sup>st</sup> Prior Policy Yr.	2 <sup>nd</sup> Prior Policy Yr.
How Many Home Starts?				
List Any Homes Valued under \$200,000 *				
List Any Homes Valued over \$1,500,000 *				
Total Sales Less Land Costs				

\* The home value is less land costs

### BUILDING EXPOSURES FOR THE UPCOMING 12 MONTHS

Location	Coverage Limit	Protection Class	Expected Start Date	Expected Completion Date
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

Any Model Homes & Contents?  Yes  No

Any Homes in Inventory/Market Homes/Spec Homes?  Yes  No

If so, please complete the table below

Location	Coverage Limit-Total of Building and Contents Limits less land cost	Protection Class	Start Date
1.			
2.			

**Have you ever been involved in or do you plan to be involved in any of the following types of construction operations?**

- Burglar or fire alarm installation, service or repair  Yes  No
- Retaining walls, sea walls, pile driving or shoring of existing foundations  Yes  No
- Excavation below ground level or abutting or adjoining structures  Yes  No
- Stucco or Exterior Insulation and Finish System (EIFS) work  Yes  No
- Build on hillsides, landfills, or other terrain susceptible to subsidence  Yes  No
- Rental of equipment to others  Yes  No
- Demolition work  Yes  No

**Explain any "yes" answers indicated above:** \_\_\_\_\_

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### HISTORICAL EXPOSURES FOR REMODELING, ADDITIONS OR COMMERCIAL WORK

Historical Exposures	Upcoming Policy Yr.	Expiring Policy Yr.	1 <sup>st</sup> Prior Policy Yr.	2 <sup>nd</sup> Prior Policy Yr.
Number of Jobs				
Commercial Work Receipts				
Remodeling Work Receipts				
Additions Work Receipts				

What is the % of overall receipts involved in Commercial, Remodeling, and Additions Work? \_\_\_\_\_

On Commercial Work, any work on buildings over 2 stories, or over 10,000 square foot?  Yes  No

On Remodeling or Additions Work, any work on homes valued under \$200,000 or over \$1,500,000?  Yes  No

On Remodeling or Additions Work, any addition that is greater than 50% of the sq ft of the home?  Yes  No

On Remodeling or Additions Work, any addition that is greater than 50% of the value of the home?  Yes  No

For Additions, what type of work is done, and what is the limit of values on the work done? \_\_\_\_\_

For Remodeling, what type of work is done, and what is the limit of work done? \_\_\_\_\_

### Claims Summary for the previous five policy terms

	General Liability	Auto Liability	Workers' Comp	IM/Builders Risk
Expiring Policy Yr.				
1 <sup>st</sup> Prior Policy Yr.				
3 <sup>rd</sup> Prior Policy Yr.				
4 <sup>th</sup> Prior Policy Yr.				
5 <sup>th</sup> Prior Policy Yr.				

Please provide details on any individual loss in excess of \$25,000 within the past five years:

### Automobile & Workers' Compensation

Do you have a vehicle maintenance program in place?  Yes  No

Do you have a written safety program in place?  Yes  No

Are there driver safety/incentive programs in place?  Yes  No

Are MVR's Checked?  Yes  No

How often are MVR's checked? \_\_\_\_\_

Do any employees use their own vehicles in the business?  Yes  No

Do you have safety meetings? If so, how often? \_\_\_\_\_  Yes  No

**The statements (answers) given above are true and accurate. The applicant has not willfully concealed or misrepresented any material fact or circumstance concerning this application.**

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_