



Home Builders Application for Insurance

1. Insured's Name: _____
Address: _____

2. Number of years in business: _____
3. Number of employees: _____
4. What is the principle work performed by your organization:

5. Have there been any suits or judgments against the organization within the last five years? Yes No
6. If yes, how many?
7. Do you currently or plan to build homes in hill areas or near cliff areas? Yes No
8. List the types of trades of subcontractors where you obtain additional insured endorsement CG2010-10/93;

9. What are your annual sales?
Current: \$ _____ Previous Year: \$ _____ Average \$ _____
10. How long have you used the same subcontractors (in years):
Minimum: \$ _____ Average: \$ _____ Maximum: \$ _____
11. Explain your system (including diary/controls) currently in place for checking subcontractor certificates and endorsements:

12. List number of acres of vacant land by address/location.
13. List the soil engineering companies that you use along with their E&O limits carried.
14. Number of model homes currently:
15. Describe the type of security used on each project. Are job sites fenced off?
16. Do you have any other operations besides contracting operations? Yes No
17. If yes, give a brief description of its operations.

18. Number of acres of vacant land and location. _____

19. In addition to a "punch list", what other documentation do you obtain to make sure the homebuyer is satisfied with their home purchase?

20. Any projects currently or planned that will use EIFS also known as synthetic stucco exteriors? Yes No

21. How many years of warranty do you provide on your homes?

Is the warranty insurance backed? Yes No

22. List by location/address the number of homes, number of stories & average square footage broken down by:
-**Currently** under construction where you expect to close escrow or change title (sold) over the next 1 year period of insurance coverage:
-Homes **planned** to be built where you expect to close escrow or change title (sold) over the next 1 year period of insurance coverage:

	Location/Address	# Homes	# Stories	Sq. Ft.
Current				
Planned				

Use Additional Sheet If Necessary.

23. Do you require Superintendents to document and check each stage of construction in a written format?
Yes No

24. Do you utilize outside quality control personnel? Yes No Name(s):

25. Please explain your current warranty service program to your homeowners.

-Do your employees handle the requested warranty work? Yes No
If not, how is it handled?

-Do you provide the new homeowner with general guidelines for the use and maintenance of the home?
Yes No

-Does it contain service requests procedures? Yes No

-Does it contain seasonal maintenance suggestions? Yes No

-Number of employees (customer service department) that currently handle warranty requests:

-Who handles the warranty work? Your employees - Your subcontractors - One dedicated company

-Total number of current requests for warranty repair work that hasn't yet been completed:

-Average number of warranty repair requests by month, for the past 12 months:

-Do you have a diary system to follow up with the homeowner to make the work has been completed to their satisfaction? Yes No Do you keep a written record of this? Yes No If so, for how long?

26. How-How long does it take for you to contact the homeowner once you receive a request for warranty repair work:

-How long does it take for you to get a contractor out to handle the warranty repair work from the time you receive the request from the homeowner?

-What is the total number of current disputes between you and the homeowner where the homeowner states it is a warranty repair and you have declined to do the work (due to it not being under warranty)?

27. Who is responsible for your risk management program?
What is their experience in this role?

28. Do you use standard contracts/subcontractor's agreement for all subcontractors performing work for you?
Yes No

29. Are contracts reviewed by legal counsel? Yes No

30. Do you obtain certificates of insurance from all subcontractors? Yes No

31. Do you obtain or verify Errors & Omissions information on designers and engineers? Yes No

32. How are you in compliance with SB-800 in the following areas: **(California Insured's Only)**

Subcontractor's agreement/Contracts: _____

Customer Service: _____

Sales Agreements: _____

Claims Handling: _____

33. Who is responsible for your safety/Loss control program?
What is their experience in this role?
34. Do you have a written safety Program that is OSHA compliant? Yes No
35. Does it contain the following:
- a. Regularly scheduled safety meetings (all employees): Yes No
 - b. Regularly scheduled tailgate meetings (jobsite): Yes No
 - c. Written documentation of meeting topics, attendees, instructor's name and date of meeting. Yes No
 - d. What is your procedure for investigating accidents and/or property damage claims?
 - e. What is your Worker's Compensation modification rating:

Notice to Applicant – Please Read Carefully

THE APPLICANT REPRESENTS THAT THE ABOVE STATEMENTS AND FACTS ARE TRUE AND THAT NO MATERIAL FACTS HAVE BEEN SUPPRESSED OR MISSTATED. COMPLETION OF THIS FORM DOES NOT BIND COVERAGE. APPLICANT'S ACCEPTANCE OF COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING COVERAGE AND POLICY ISSUANCE. IT IS AGREED THAT THIS FORM SHALL BE THE BASIS OF THE CONTRACT SHOULD A POLICY BE ISSUED, AND IT WILL BE ATTACHED TO THE POLICY.

Applicant hereby authorizes the release of claim information from any prior insurer to the Company indicated above.

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.

Signature of applicant: _____ Date: _____
 Name and Title: _____

Signature of producer: _____ Date: _____
 Name and Title: _____