

Business Name(s)			Contact Name
Owner(s)			Business #
Mailing Address Street			Cell #
City	State	Zip	Fax #
County			Email

Individual Partnership Corp LLC Joint Vent. Other

Proposed Effective Date	
84 Sales Rep	84 Store Location
Date Business Started	Years Experience (In Trade)
Contractor's License State(s)	Contractor's License Number(s)
Home Builders Association Member?	Name
FEIN or SSN	

Enter YES or NO

Do you anticipate building townhouses or condominiums in the coming year?

Do you have any other subsidiaries or entities?

Has coverage been declined or non-renewed in the last 3 years?

Has applicant had any bankruptcies or tax liens in the past 5 years?

Do you provide a homebuyer warranty? If YES, which one? _____

Do you perform work on homes built prior to 1979?

Are you lead-based paint certified?

Are you interested in a Pollution Liability Quote?

Do you act as a construction manager, where you collect a fee only and not responsible for hiring/paying subs?

Current Insurance Carrier (Not Agent)	_____	# Years	_____
Current Liability Limits:	\$500,000 <input type="checkbox"/>	\$1 Million <input type="checkbox"/>	\$2 Million <input type="checkbox"/>
	Other <input type="checkbox"/>		
Current Deductible:	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$5000 <input type="checkbox"/>
	Other <input type="checkbox"/>		
Have you had any claims or lawsuits in the last 5 years? <input type="checkbox"/>			
Do you carry Workers Compensation for employees?	<input type="checkbox"/>	Carrier (Not Agent)	_____
Any Autos Owned in Business Name?	<input type="checkbox"/>	# <input type="checkbox"/>	Carrier (Not Agent) _____

Do you use ALL Insured Sub-Contractors?

Do you have a Sub-Contractor Agreement? If Yes, attach a copy

Does this agreement include Hold Harmless wording?

Please complete the following chart for rating exposures for the Upcoming Policy Period.

Number of Active Owners	
Number of Employees (Excluding Owners) -- Full Time	Part Time
Employee Payroll (Non-Clerical) -- \$	
Gross Receipts -- \$	
Sub-Contracting Costs -- Insured \$	Un-Insured \$
Estimated Number of Projects/Homes -- Started	Completed
Model Homes -- # of Units	
Real Estate Development -- # of Acres	
Vacant Land -- # of Acres	
Comments:	

% of Work Performed by Your Business: (Each line must equal 100%)	1 - RESIDENTIAL %	_____	COMMERCIAL %	_____
	2 - GENERAL CONTRACTOR %	_____	SUBCONTRACTOR %	_____
	3 - NEW CONSTRUCTION %	_____	REMODEL/REPAIR %	_____