



Homebuilders Coverage Program™

Blanket Annual Reporting Builders Risk Questionnaire

Applicant/Business Name: _____ Website: _____

(Complete Supplement A for all Named Insured's if necessary)

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

Member of HBA? Yes, No # _____ CGB, CGR, CGP, GMB, GMR attach certificate(s) for discount

Amount of Work Performed:	Homebuilding	Remodeling	Commercial
1. a. Est'd # Starts This Year/Last Year:	_____/_____	_____/_____	_____/_____
b. 2nd Prior Year:	_____	_____	_____
c. 3rd Prior Year:	_____	_____	_____
d. AVG Construction Cost:	_____	_____	_____
e. Total Construction Cost (1a X 1d)	_____	_____	_____

Starts = Total projected Single Family homes &/or Multi Family units (not buildings)

Construction Cost = Total Sales price less land costs or Total Cost of Construction **plus Profit**.

2. Average number of months to complete a Home: _____
3. Total Construction Cost Range: _____/_____/_____
4. Sales Price Range: _____/_____/_____
5. Last year's Total Construction Cost _____
6. Commercial Work - Describe type of work done: _____
7. Gross Sales or Revenue projected this year: _____, Last Year: _____
8. Provide # years in business under this name: _____. # of years in business under all prior names: _____
 - a. Do you work in any other states(s)? Yes, No. If yes, list state(s): _____
 - b. Have you worked in any other states in the past? Yes, No. If yes, list states: _____
9. Most of your work is: _____% Subdivisions/Developments, _____% Scattered site construction = 100%
 _____% Single-Family (S-F) _____% Multi-Family (M-F)* = 100%
(M-F) = duplexes, tri-plexes, 4 plexes, etc., apartments, condominiums, OR attached single family row/townhomes
 Do you build Condominiums? Yes, No; Apartments? Yes, No
10. Complete **Supplement B – Project List** for all development/subdivision construction work done over the last 3 years and currently in progress and planned for the future.
11. How many job site Supervisors do you have? _____
12. Do you conduct regular worksite safety inspections? Yes, No Frequency? _____
13. Have you ever worked on hillsides, cliffs, landfills or other areas subject to subsidence? Yes, No. If yes, what precautions are taken? _____
14. Do you buy old homes, renovate and sell them? Yes, No
15. Do you perform fire or flood damage restoration work? Yes, No .

16. **Builders Risk Coverage, Limits, Deductible.** Indicate the coverage options you would like included in quote:

Limits: Maximum any one Bldg/Dwelling: _____ Maximum any one Loss: _____

\$10,000 Temporary Location & Transit Limit provided for each. If higher limits desired indicate below.

Temporary Location Limit: _____ Transit Limit: _____

Deductible Requested: \$1,000 \$2,500 \$5,000 \$10,000 Other:\$_____

Soft Costs (Delay in Construction): Limit Requested \$25,000, \$50,000. \$75,000

\$10,000 Outdoor Property, Trees, Plants, Sod & Shrubs included. Higher limit, if desired: _____

Contract Change Endt (higher limit options due to change order): 5%, 10%, 15%, 20%

Earthquake Coverage Earthquake Zone Required: _____ Limit: _____

Flood Coverage Flood Zone Required: _____ Limit: _____

Deductible Desired: \$1,000 \$2,500 \$5,000 Other: _____

Fire Protection: Indicate which of the following apply to the areas where you build.

Protection Classes (PC) if known: 1-5, 6-8, 9-10. Fire Department: Paid Volunteer

Distance to: Fire Dept: 5 miles or less, Over 5 miles,

Distance to: Fire Hydrant: 1000' or Less, Over 1000'

Water: At what point in the construction phase is water brought in to activate new Fire Hydrants?

If Fire Hydrant is over 1,000' or Fire Dept is over 5 Miles Away: Describe in detail the available private fire protection to ensure an adequate supply of water & the ability to get it to the fire: _____

Do you build near Coastal Waters? Yes, No. If yes, # miles from coast? _____

Homes: What is the maximum # completed homes (you still own) or under construction at one time that are separated by less than 150' _____. What's the typical # of homes meeting these conditions? _____

Site Security: Describe in detail (e.g., fencing, lighting, security/patrol/guard service, etc.):

Model Homes: # Models:____ AVG Construction Cost:_____Profit must be included in Construction Cost

Model Contents: Average Contents Value:_____ AVG Months as Model: _____

Inventory Homes: # Homes:____ AVG Construction Cost: _____Profit must be included in Construction Cost
AVG Months as Home in Inventory_____

Model Homes and Inventory Homes
Complete below or attached separate spread sheet

Model Homes Addresses Completed	/Date	Home / Contents Values Include Profit in Value
	/	/
	/	/
	/	/
	/	/
	/	/
	/	/
Homes in Inventory Addresses Completed	/Date	Completed Value Include Profit in Value
	/	
	/	
	/	
	/	
	/	
	/	
	/	

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 Insureds Supplement A
(Copy as Needed)**

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

Named Insured: _____ First Named Insured's ownership%? _____

1. Describe their operations: _____ Yrs in Bus: _____ Active/Inactive? _____
2. States worked/working in: _____ If active, are their exposures included in Acord GL Application? Yes, No
3. If Contractor,
 - a. Do you or have you worked for other contractors? Yes, No.
 - b. Perform fire or flood restoration work? Yes, No
 - c. Do Commercial Construction? Yes, No
4. If Homebuilder:
 - a. Have or do you build over 50 homes or Multi Family units in any of your development(s)? Yes, No
 - b. If you build Multi Family homes, do you build 5-plex or larger Multi Family buildings or apartments? Yes, No

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**Supplement B - Project List – Future, Current & Past
(Copy as Needed for each Entity)**

Entity Name: _____ **Policy Effective Date:** _____

Complete the following for **future, current & past** projects over the last 10 years

S-F = Detached Single Family; M-F = Multi-Family

Apt = Rental Apartments (Shown separately below)

HOA = Home Owners Association; COA = Condominium or Condo Owners Association

Development/ Subdivision	Start & End	Multi-Family Up to 4 Plex		Multi-Family 5 Plex or More		Total # Apt	Total # S-F
		Buildings	Units	Buildings	Units	Units	Homes
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							

List by #, which projects include your projected starts for this year (page 1, question 1)? _____