



# Homebuilders Coverage Program™ 25 Start Short Form Questionnaire

This questionnaire is for accounts having **25 or less annual starts in each of the last 3 years**

**Explain any FALSE statement on page 3 (False answers may require additional information)**

- True  False In business with insurance for 3 or more years (all entities), with no coverage gaps.
- True  False  Not Applicable Multi Family (MF) construction - only builds 4 Plexes or less.
- True  False Does not build over 50 Single Family (SF) &/or MF units in any past, present or future projects.
- True  False Does not work for other contractors.
- True  False Does not perform fire or flood damage restoration work.
- True  False GL losses do not exceed \$25,000 in last 3 years. **Loss runs required to bind coverage.**
- True  False Requires Certificates with like GL limits & Additional Insured status from **all** subcontractors
- True  False Builds, on average, no more than 15 SF homes of one structural design in any development

**Applicant/Business Name:** \_\_\_\_\_ **Website:** www. \_\_\_\_\_

**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **County:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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

1. Effective Date: \_\_\_\_\_, Expiring **Total Construction Costs:** \_\_\_\_\_, Expiring **Premium:** \_\_\_\_\_

2. Amount of Work Performed:	SF	MF Units	Remodels	Commercial	Land Development
	This Yr / Last Yr	This Yr / Last Yr	This Yr / Last Yr	This Yr / Last Yr	This Yr / Last Yr
a. # Starts This Yr/Last Yr:	_____/_____	_____/_____	_____/_____	_____/_____	_____/_____
b. # Starts Last 3 Yrs:	_____	_____	_____	_____	_____
c. Avg Construction Cost:	_____	_____	_____	_____	_____
d. Total Construction Cost:	_____	_____	_____	_____	_____
e. Average months to complete a Home:	_____.				

**SF** = detached homes. **MF Units** = homes/units attached "anywhere" e.g., duplex, tri-plex, 4 plex, etc., condos, townhomes.  
**Avg Construction Cost** = Average Total Construction Costs **per** home/unit including overhead and soft costs, less: Cost of Land.  
**Total Construction Cost:** = Projected cost for policy period. This number should equal "a" x "c" for each type work performed.

- Years in business for the Named Insured(s): \_\_\_\_\_ All entities: \_\_\_\_\_ Percentage work subcontracted: \_\_\_\_\_
- Percentage of your work that is: \_\_\_\_\_ SF, \_\_\_\_\_ MF, \_\_\_\_\_ Remodels, \_\_\_\_\_ Commercial = 100%  
What Percentage is: \_\_\_\_\_ Subdivision/Development Construction \_\_\_\_\_ Scattered Site Construction = 100%
- How many site Supervisors do you have? \_\_\_\_\_. How many of the site Supervisors are officers? \_\_\_\_\_
- Do you use a written Safety Program?  Yes,  No. # of Supervisors with OSHA 10 or 30 Hour training? \_\_\_\_\_
- Do you provide 10 year insurance backed Home Warranties?  Yes,  No. If yes, indicate the Warranty Company used?  QBW;  PWC;  HBW;  RWC;  Other: \_\_\_\_\_  
Will you continue to provide 10 year Warranties?  Yes,  No.
- Do you require **all** subs sign contracts with Indemnification and AI conditions protecting you?  Yes  No.  
If yes, # years it has been used? \_\_\_\_\_. **Submit a copy of your oldest signed contract from a core trade contractor** (foundation, framing, HVAC, plumbing, roofing, or siding).
- If Insured develops land, do they always build in their land development projects?  Yes,  No,  NA
- Limits Desired:  1M/1M & 2M/2M or  500/500 & 1M/1M. Per Project Aggregate Limit?  Yes,  No.

**GL Rating:** List below the applicable General Liability classifications and exposure bases:

Classification	Exposure	Classification	Exposure
91583 Subcontract Work (Including Materials)	_____	91580 Executive Supervisor(s)	_____
91585 Subcontract Work - Commercial	_____	91340 Carpentry 1-3 Story Residential	_____
41620 Constr/Project Mgrs (Refer to top of pg 2)	_____	91342 Carpentry – Non-Residential	_____
47051 RE Dev Property / 49451 Vacant Land	_____/_____	46362 Model Homes	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Construction/Project Managers: Provide** a copy of the contract between you and the project owner or GC. Indicate if your duties include:  Administrative, Scheduling, Sequencing  Jobsite Supervision,

Other: \_\_\_\_\_

**Builders Risk Coverage.** Indicate limits and options desired below:

a. Limits: Maximum Limit any one dwelling/building: \_\_\_\_\_ Maximum Limit any one Loss: \_\_\_\_\_

Temporary Location Limit: \_\_\_\_\_ Transit Limit: \_\_\_\_\_

b.  Reasonable Profit: Limit \$ \_\_\_\_\_ c. Soft Costs: 25K 50K 75K 100K d.  \$25,000 Flood

e.  Model Homes: # \_\_\_\_\_ Avg Contents Value: \$ \_\_\_\_\_ f.  Inventory Homes: # \_\_\_\_\_, Avg Months: \_\_\_\_\_

**Complete page 3** for Model/Inventory Homes (awaiting settlement or where construction has stopped awaiting a buyer)

g. Deductible Desired:  \$1,000  \$2,500  \$5,000  \$10,000 Other: \_\_\_\_\_

h. Fire Protection: Indicate if you're building in Protection Class (PC) 1-8  or 9-10

i. Do you build within 15 miles of the Coast (Delaware south through Texas)?  Yes,  No.

j. How many homes do you typically have under construction within 150 feet of each other? \_\_\_\_\_

k. Describe site security used: \_\_\_\_\_

l. Note: Homes taking over 12 months to complete &/or with Completed Values of \$1,000,000 or more are to be written on Single Shot Builders Risk policies.

**Business Personal Property (Contents) Coverage desired?**  Yes,  No

Limit desired:  None,  \$5,000,  \$10,000,  \$25,000,  \$50,000, Other: \_\_\_\_\_ PC: \_\_\_\_\_

**Umbrella/Excess Coverage desired?**  Yes,  No:

a. Limits desired: 1 Million; 2 Million; 3 Million; 4 Million; 5 Million

b. **Excess Auto coverage desired?**  Yes,  No. If yes, primary auto liability premium: \_\_\_\_\_

Primary auto carrier rated at least **A-, VII** by AM Best?  Yes,  No

List # of: PPTs: \_\_\_\_\_; Light Trucks: \_\_\_\_\_; Heavy Trucks: \_\_\_\_\_; Extra Heavy Trucks: \_\_\_\_\_.

Primary auto limits \$1,000,000 CSL?  Yes,  No. Any drivers under 21 years of age?  Yes,  No

Any driver with 3 or more moving violations &/or at fault accidents in last 3 years?  Yes,  No.

Any driver with any of following Violations in last 3 years: DUI, Refusing Substance Test, Driving with open alcohol container, Reckless Driving, Hit & Run, Fleeing Police Officer, Racing, Driving while License is Suspended/Revoked, Manslaughter or any Felony?  Yes,  No.

**Employee Benefits Liability Coverage desired?**  Yes,  No

a. Number of employees? \_\_\_\_\_

**Employers Liability Coverage desired:**  Yes,  No

**Miscellaneous Tools and Equipment Desired:**  Yes,  No

Coverage: \$2,500 Limit - Any one tool or equipment Total Limit for all tools and equipment \$ \_\_\_\_\_

**Multiple - Named Insureds:** Explain false statements at top of page 1 at top of page 3 for any **other** Named Insured

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

**Additional Insureds:** Other than Permits & Mortgages, complete Additional Insured Request form on our Website for any **new** Additional Insured needs. List below any **carryover** Additional Insureds from **our** expiring policy below:

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

Do you want up to 3 approved AI's for a flat charge of \$250 (any additional AI's = \$100 each)?  Yes,  No

**Are you**, any partner, director or officer **aware** of any past accident, occurrence, fact, circumstance, or situation involving the business, which might result in a future claim?  Yes,  No. If yes, please provide details:

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

**Chinese Drywall:**

1. Have you ever installed or sold drywall products manufactured by Knauf Tianjin?  Yes,  No

2. Do you have reason to believe or knowledge of a pending claim or lawsuit against you involving drywall manufactured by Knauf Tianjin?  Yes,  No

<b>Model Homes Addresses:</b>	<b>/Date Completed/</b>	<b>Completed Value/</b>	<b>Contents /</b>	<b>Profit</b>
	/	/	/	/
	/	/	/	/
	/	/	/	/

  

<b>Inventory Homes Addresses:</b>	<b>/Date Completed/</b>	<b>Completed Value/</b>	<b>Profit</b>
	/	/	/
	/	/	/
	/	/	/
	/	/	/
	/	/	/
	/	/	/
	/	/	/

Copy page if for additional Model or Inventory Homes, if needed

**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: \_\_\_\_\_  
 Applicant Phone: \_\_\_\_\_ Applicant Contact Person: \_\_\_\_\_

Agency Information: Please submit your signed application to the Agency below  
 Agency Name: Anthony & Company, Inc Telephone: 908-806-8844 Fax: 908-806-2095  
 Street: 4 Walter E. Foran Blvd, Ste 105 City: Flemington State: NJ ZIP: 08822  
 Producers Name: Anthony Bevilacqua Producers Email: Anthony.bevilacqua@anthonycompany.com

**MULTIPLE NAMED INSURED SUPPLEMENT**  
**(Copy as needed)**

**Complete the following for each new 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 #8 or #9 on the 1st page? 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
    - d. Do you develop land without constructing homes?  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
    - c. Have you built more than 20 homes of one design in any of your developments?  Yes,  No
- 

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  - 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
    - c. Have you built more than 20 homes of one design in any of your developments?  Yes,  No
- 

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