

Home Builders Application

Quote
 Bind

Effective Date: _____

Name of Applicant: _____ Phone #: _____

Applicant Address: _____

Individual _____ Corporation _____ Legal Liability LLC _____
Partnership _____ Sub "S" _____ Joint Venture _____

Complete Description of **ALL OPERATIONS** you perform: _____

Limit of Liability:

Each Occurrence _____ Personal Advertising & Injury _____
General Aggregate _____ Damage to Rented Premises _____
Products and Completed Operation _____ Medical Expense (any 1 person) _____

Owners/Partners/Officers: Number _____ Location Address: _____

Current payroll of employees (other than owners): Full Time: _____ Part Time: _____

Total Annual Payroll: _____ Total Cost of Sub-Contractor work: _____

Previous Carrier: _____ Prior policy dates: _____

Losses last three years, must give amount and full description. If more than one (1) attach company loss runs. _____

1. Contractor's License Number: _____ Name on License: _____

2. What state are you licensed in? _____

3. How many years has this specific business entity operated under current name? _____

4. How many total years experience in current contracting business does current management have? _____

5. Is written contract developed with each and every customer? Y / N _____ If yes, attach a sample.

6. What percent of your revenues over the past 5 years have been derived from your work as:

a. General Contractor _____ % d. Artisan or Subcontractor _____ %
b. Residential Contractor _____ % e. Commercial Contractor _____ %
c. Project Manager _____ % f. Real Estate Developer _____ %

7. If the applicant is a Residential Builder, how many homes are scheduled to be built this year? _____

Are the homes indicated above in the same subdivision? Y / N _____

8. What percent of your revenues over the past 5 years have been derived from: (Totaling 100%)

New Construction _____ % Remodeling _____ % Repair/Maintenance _____ %

Equipment Used: _____

9. During the past 5 years, have you or your subs performed any work over two (2) stories tall? Y / N _____

If Yes, describe: _____

10. Any cranes owned or rented? Y / N _____

If Yes, describe: _____

11. During the past 5 years, have you or your subs performed any work below 4' in depth? Y / N _____

If Yes, describe: _____

12. Are there written contracts between you and every sub-contractor used? Y / N _____

13. Provide employee payrolls, sub contract costs and company sales for past three (3) years & estimate for the next twelve (12) months:

Year	Employee Payroll	Sub-Contractor's Costs	Company Gross Sales
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

14. Do you obtain certificates of insurance from subs for General Liability insurance? Y / N _____
 If yes, what Limits do you require? \$ _____

15. Are certificates obtained from subs before you let them on to job site? Y / N _____

16. Do you have knowledge of any occurrence which might give rise to a claim? Y / N _____
 If Yes, explain: _____

17. Do you have a formal safety program? Y / N _____

a. Is it in writing? Y / N _____

b. Who is responsible for safety within the company? _____

c. Are all accidents investigated to establish the cause of loss? Y / N _____

d. Have you been inspected by OSHA in the past three (3) years? Y / N _____

 1. If yes, were these inspections in response to complaints? Y / N _____

 2. Were you cited as a result of these inspections? Y / N _____

Explain any yes answer: _____

18. Have you ever been involved in or are you aware of any pending litigation against you? Y / N _____
 If yes, please explain. _____

19. Have you ever, do you currently, or do you intend to be involved in new construction (including site preparation) on the following?

	Yes	No		Yes	No
Nursing Homes	<input type="checkbox"/>	<input type="checkbox"/>	Apartments	<input type="checkbox"/>	<input type="checkbox"/>
Condominiums	<input type="checkbox"/>	<input type="checkbox"/>	Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
Hotel/Motels	<input type="checkbox"/>	<input type="checkbox"/>	Multi Family Habitational	<input type="checkbox"/>	<input type="checkbox"/>
Day Care	<input type="checkbox"/>	<input type="checkbox"/>	Single Family Construction	<input type="checkbox"/>	<input type="checkbox"/>

20. Indicate the following types of work performed by your employees and by your sub-contractors:

	E - Employees			S - Sub-contractors			N/A - Not Applicable		
	E	S	N/A	E	S	N/A	E	S	N/A
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Roofing:
 1. Print and complete the Roofing Supplement on SGA web site:
www.sgainga.com / (Specialty Programs) / (Roofers)

Premium Finance Option: 30% Down Payment \$ _____ Payment Options: (3 / 6 / 8 pay) consecutive payments.

I hereby authorize Strickland General Agency, Inc to sign on my behalf premium finance agreements financing the premium for the policy(ies) for which I am applying and to sign premium finance agreements financing the premium for renewals or rewrites of such policy(ies) and I understand said premium finance agreements contain power of attorney enabling the premium finance company to cancel my insurance policy(ies) listed in the agreement.

Total Premium \$ _____

Signature of Applicant: _____

Date: _____

Agent Signature: _____

Date: _____