

Coventry Risk Specialty Builders Reporting Program New Business Application Applicant Information

Wholesale Brokerage: _____ Broker: _____

Mailing Address:
Street: _____ City: _____ St: _____ Zip: _____

Phone Number: _____ Fax Number: _____

License Number: _____ Expiration Date: _____

Name of Applicant: _____ Effective Date: _____

Mailing Address:
Street: _____ City: _____ St: _____ Zip: _____

Applicant's Email: _____

Type of Entity Corporation J.V. / Partnership Sole Proprietor Other: _____

Number of Years Applicant has been in Business: _____ *If less than 3 years, attach resumes of Principals and Supervisors*

Principal(s)	FEIN or SS#	% Ownership	Contractors License

Executive Supervisor (s)	Experience (YRS)	Size and Type of Prior Projects

General Contractor: _____ FEIN: _____ License Number: _____

Contract Person (s):	Name	Position	Phone	Email
General:				
Loss Control:				
Accounting:				
Misc:				

Do you have a website? No Yes If yes, please provide address: _____

Number of Employees: Full Time: _____ Part Time: _____

Does Applicant purchase Workers Compensation Insurance? No: Yes: Carrier: _____

Is Stop Gap Coverage Requested: (ND, OH, WA and WY only) Yes: No:

Coventry Risk Specialty

Builders Reporting Program New Business Application

Project Specific Data

Type of Policy : Project: _____ Wrap-Up: _____

Estimated Gross Receipts: _____

Estimated Construction Cost: _____

Estimated Time Required to Complete and sell all units: _____ Months Estimated Start Date: _____

Name of Project: _____

Physical Address of Project: _____

Detailed Description of Project:

Building Type	# of Buildings	# of Units per Building	Number of Stories		Estimated Sale Price Per Home	Estimated Sales Price of Project	Type of Construction	Protection Class
			Above Grade	Below Grade				
Single Family Dwellings							Wood Frame	
							Joisted Masonry	
							Masonry Non-Combustible	
							Other:	
							Square Footage Per Bldg:	
Multi Family Dwelling							Wood Frame	
							Joisted Masonry	
							Masonry Non-Combustible	
							Other:	
							Square Footage Per Bldg:	
Condo / Mixed Use							Wood Frame	
							Joisted Masonry	
							Masonry Non-Combustible	
							Other:	
							Square Footage Per Bldg:	
Apartment / Commercial							Wood Frame	
							Joisted Masonry	
							Masonry Non-Combustible	
							Other:	
							Square Footage Per Bldg:	

Limitations / Special Requirements (Please note: if you are building outside of the specifications listed below exceptions are available on a case by case basis)

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Limitations / Special Requirements

Single Family Dwellings – 5 stories above garage or \$10 Million per building.
Multi-Family – 8 Buildings and 20 units per building, 5 stories above garage or \$10 Million per building.
Mixed Use - Maximum 3 – 7 stories (based on occupancy and type of building) and \$10 Million per building.
Commercial - Maximum of 3 stories (7 stories for apartment buildings) and \$10 million per building.
 Maximum support column spacing or clear-span of roof of 50 feet.

***A Soils report is required with all submissions.**

****Refer to Policy coverage extension and/or exclusions**

Please provide the following on any projects started/completed in last 10 years

Type of Construction: (Single Family, Condo, Mixed Use, Lt Commercial)	Number of Buildings and/or Units	Average Sales price per Building/Unit	Mo/Yrs. to Complete Project	Location (City, State)

Builders Risk

Square footage per building (if not provided above): _____

1. Course of Construction Limit – Any One Building or Structure: \$ _____
 2. Catastrophe Limit: \$ _____
 3. Requested Deductible: \$2,500 \$5,000 \$10,000 \$15,000 \$25,000
 4. Indicate if a quote for any of the following Coverages is desired (**A separate Deductible may apply*):
 - Earthquake Limit: \$ _____
 - Flood Limit: \$ _____
 - Equipment Limit: \$ _____
 - Delay in Completion Coverage - Additional Construction Expenses (Advertising, Design Fees, Financing, Lease Administration, Professional Fees, Permit Fees) \$ _____
 - Delay in Completion Coverage - Additional Soft Costs (Interest Payments, Realty Taxes, Lease Expenses, Insurance Premiums) \$ _____
 - Delay in Completion Coverage – Rental Income \$ _____
 - Delay in Completion Coverage – Income Coverage \$ _____
 - Increased Supplemental Coverage: In-Transit \$ _____
 - Increased Supplemental Coverage: Temporary Storage \$ _____

If additional coverage is requested provide exposure and underwriting information.
 5. Distance to nearest Fire Hydrant: _____
 6. Are any unusual or experimental Construction Techniques being used? Yes No
 - A. If yes, please explain: _____
 7. Are pilings being used? Yes No
 8. Is this a Fast Track Construction Project? Yes No
 9. Fire watch is kept for how many hours after cutting/welding operations are performed? _____
 10. How are gas cylinders or flammable liquids stored at the project site? N/A _____
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11. Are any project materials being stored off-site? ***If yes, please answer A-C below.*** Yes No
 - A. Address of storage location: _____
 - B. Description of project materials being stored offsite: _____
 - C. Materials are moved between storage site and project site via: Common Carrier Owned Vehicles

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Builders Reporting Program New Business Application

Miscellaneous Information

Is the builder currently a member of the HBW Warranty Program? No Yes Builder Number: _____

Has construction started? No Yes *If Yes, Provide detail below*

When did Construction start and what stage are they in:

Are the homes/units/Structures Pre-Sold? No Yes

What Type of Financing will be used? FHA/VA Conventional Self/Cash

Will any portion of the structure be occupied prior to completion of the project (if applicable)? No Yes If yes Please provide details below

Does the jobsite require any demolition or excavation? If yes, is coverage required for these operations? (currently excluded under the policy form). No Yes If yes Please provide details below

Does your construction involve conversion, reconstruction or resale of any existing structure. No Yes If yes Please provide details below

Confirm if you are taking over construction of any uncompleted projects from another contractor No Yes If yes Please provide details below

Will the Structure have a sprinkler system installed? No Yes If yes: When: _____

Notes:

Subcontractors Information

Do you require all Subcontractors to carry CGL Insurance? Yes No

If yes, what are the minimum CGL Limits you require your Subcontractors to have: \$500,000 \$1,000,000

Do you currently collect and review the certificates of insurance? Yes No

If yes, who is responsible for collection and review: Name: _____ Phone: _____

Do you currently have Subcontractors agreements? Yes No

If yes, Please indicate if the following apply:

Have agreements with all Subcontractors: Yes No

Agreements have Hold Harmless & Indemnity clauses: Yes No

Agreements have waiver of Subrogation clauses: Yes No

Agreements require the subcontractors insurance policy to name applicant as additional insured: Yes No

Do you require all subcontractors to have Workers Compensation Insurance: Yes No

Is there any uninsured subcontractor exposure? Yes No

If Yes, Please complete the following for all uninsured subcontractors:

Class Description	ISO Class Code	Estimated Costs	Comments

Coventry Risk Specialty
Builders Reporting Program New Business Application
Risk Management, Safety & Loss Control

Construction site security measures:		Description
Access Restrictions (Fencing & Signs)	Type, Perimeter, Height, Gates, Warning Signs, No Trespass	
Lighting	Flood, Street, Distance from Project, Ect.	
Watchmen/Security Systems	Onsite, Drive by Service, Frequency, Motion Sensors	

Surrounding neighborhood: ___ Residential ___ Mfg./Industrial ___ Commercial ___ Rural ___ Other: _____

Does applicant have and actively use a Site Safety Program and Manual? Yes ___ No ___

Are you an existing 2-10 HBW, or have you ever been a 2-10 HBW client? Yes ___ No ___

Do you provide a Third Party insurance backed warranty to the purchaser? Yes ___ No ___

Is the sale between the applicant and the purchaser? Yes ___ No ___

If no, please indicate who is selling the home/building:

Does applicant provide an owner's manual which describes maintenance schedules, and proper use of property to all purchasers? Yes ___ No ___

ADDITIONAL ITEMS REQUIRED TO GET QUOTE

Accord Application

Soils Report

Foundation and Structural Plan (if applicable as per above)

Signature Section:			
<p>Your signature warrants the information contained on this addendum and all applications on file with the insurance company. You also pledge that the above statements are true and that no material fact has been suppressed or misstated. 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, which is a crime. The proposed insured affirms that the foregoing information is true and agrees that these applications shall constitute a part of any policy issued whether attached or not and that any willful concealment or misrepresentation of a material fact or circumstances shall, dependent upon applicable statute, be grounds for imprisonment, fines or rescission of the insurance policy. Your signature authorizes Coventry Risk Specialty LLC (CRS) and its partners (2-10 Home Buyers Warranty, Residential Loss Control Holdings, LLC (RLCH), Pro Sight Specialty Insurance, Network Adjusters Inc and Paladin Risk Management) to conduct an investigation of the applicant's activities, make inquiries and obtain credit reports as may be necessary for its determination of the applicant's financial and technical ability to meet its obligations to homeowners, insurance carrier/s and Risk Retention Group/s. Your signature also authorized CRS and the Insurance Carrier to access all information in the possession of 2-10 Home Buyers Warranty related to applicant's claims and/or complaints. Your signature warrants your commitment to the risk management requirements of the Builders Reporting Program, including but not limited to the purchase of an approved warranty on all homes, compliance with Risk Management requirements, execution of a premier site safety plan and compliance with Network Adjusters Inc SIR Contract.</p>			
	Insurance Agency	Applicant (Must be Officer/Owner)	
Signature:			
Signature Name – Please Print			
Name of Insurance Agent			
Title of Person Signing		Date:	Date: