



## HOMEBUILDERS SUPPLEMENTAL QUESTIONNAIRE

**Named Insured**

**Policy/Quote Number**

**Policy Period**

**Insured's Operations** – please list all insured's operations, including past and current entities.

Named Insured/Description of Operation	Insured Type	Active	Dates - From/To
Named Insured:  Description of Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	to
Named Insured:  Description of Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	to
Named Insured:  Description of Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	to
Named Insured:  Description of Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	to
Named Insured:  Description of Operation:		<input type="checkbox"/> Yes <input type="checkbox"/> No	to

\*Attach separate page if more space is required.

**Percentage of Your Current Operations** (Based on receipts. Should total 100%.)

Home builder	Subcontractor	Construction Manager	Other*
%	%	%	%

\*Describe Other

**Work Performed** (Based on receipts. Should total 100%.)

New Construction	Renovations	Service/Repair	Other*
%	%	%	%

\*Describe Other

**Percentage of Work Subcontracted:** %

**Number of Employees:**



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**Past Projects – Largest Jobs** - List the 5 largest jobs in the past 5 years.

☐ Check if none

Job Description	Customer/Location	Cost of Contract	Date of Completion
		\$	
		\$	
		\$	
		\$	
		\$	

**Current/Future Projects** - List work in progress, bid work and major jobs anticipated.

Job Description	Comment (bid, work in progress, etc.)

Please indicate exposures for the last three policy years and an estimate for next year.

	Last Three Policy Years			Next Year (est.)
Policy Year				
Payroll	\$	\$	\$	\$
Annual Revenues	\$	\$	\$	\$
\$ Paid to Subcontractors	\$	\$	\$	\$

### Contractual Controls / Risk Transfer

- Are contracts required for all subcontracted work? Yes ☐ No ☐
- Does the contract contain a hold harmless agreement? Yes ☐ No ☐
- Does the contract contain an indemnification agreement? Yes ☐ No ☐
- Are certificates of insurance obtained from subcontractors for:
  - General Liability Yes ☐ No ☐
  - Workers Compensation Yes ☐ No ☐
- Is there a diary system to track expiration dates for certificates of insurance Yes ☐ No ☐
- Are subcontractors required to carry at least \$1 MIL occ / \$2 MIL aggregate? Yes ☐ No ☐
- Do you require subcontractors to name you as an additional insured? Yes ☐ No ☐
- Do subcontractors utilize contracts with the same provisions as noted above? Yes ☐ No ☐

**Please attach a copy of your subcontractor agreement (MANDATORY REQUIREMENT)**



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### Residential / Habitational

Please explain all 'yes' responses.

Number of new homes built in the past year: \_\_\_\_\_ Number of homes being worked on at the same time: \_\_\_\_\_

1. Will you be working on any new tracts? Yes ☐ No ☐
    - a. If Yes, maximum number of homes in the ENTIRE tract: \_\_\_\_\_
  2. Have you ever worked in new condominium/townhouses or new tracts? Yes ☐ No ☐
    - a. If Yes, how long ago (years): \_\_\_\_\_
    - b. Number of tracts: \_\_\_\_\_ Number of units: \_\_\_\_\_
  3. Do you have a warranty program? Yes ☐ No ☐
    - a. If Yes, describe program: \_\_\_\_\_
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### Safety

Please explain all 'yes' responses.

1. Is a formal safety program in operation? Yes ☐ No ☐

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2. Do you have a full time safety officer? Yes ☐ No ☐

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3. Have you had any OSHA violations in the past 5 years? Yes ☐ No ☐  
If Yes, describe: \_\_\_\_\_

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4. Do you perform any work over 3 stories? Yes ☐ No ☐
  - a. If Yes, maximum number of stories: \_\_\_\_\_

### General Questions Section

Please explain all 'yes' responses.

1. Do you do any design/build work? Yes ☐ No ☐
  - a. If Yes, do you have an architect/engineer on staff? Yes ☐ No ☐
  - b. If Yes, provide Professional Liability / E & O Carrier: \_\_\_\_\_  
Professional Liability / E & O Policy limits: \_\_\_\_\_
2. Are any changes done without architect's approval? Yes ☐ No ☐

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3. Have you ever been named in claims and/or litigation regarding faulty or defective construction or workmanship? Yes ☐ No ☐

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4. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claims or legal action? Yes ☐ No ☐

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Comments: \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge.

Insured \_\_\_\_\_ Signature \_\_\_\_\_  
Title: \_\_\_\_\_ Date: \_\_\_\_\_