

## General Liability Supplemental Application Residential and Commercial Building Contractors

Business Name:				
Website address:				
Agency Name:				
1. Is the Insured a current member of the Florida Home Builders Association (FHBA)? ( ) No ( ) Yes If yes, which local FHBA?				
2. Number of years in construction business in Florida? ( ) Total number of years in the construction business? ( ) If less than 2 years in business, please attach resume reflecting supervisory experience in the construction industry.				
3. Please describe in detail the primary business operation:				
4. Indicate % of Insured's operations as:				
Builder (Builds and Sells)	General Contractor	Construction Consultant		
Remodeler	Subcontractor	Construction Manager		
Land Developer	Project Manager	Home Inspector		
<b>Please describe in detail any subcontracting work the Insured performs for other contractors:</b>				
5. Indicate % of Insured's work performed in:				
New Construction	Residential one to four family	Outside buildings		
Remodeling	Multi-family five to twelve family	Inside buildings		
Repair	Commercial	Specialty construction		
Other construction	Industrial	Other services		
<b>Please describe commercial and industrial construction operations in detail:</b>				
6. List Construction Licenses held by the Insured:				
7. Name of Qualifier:		Officer / Employee ( ) No ( ) Yes	Other ( ) No ( ) Yes	
If other, please explain:				
Does the Insured pull permits for other contractors? ( ) No ( ) Yes				
If yes, please explain:				
8. Please list for each <b>Named Insured</b> : (Note: Include the dba name for Sole Proprietor)				
Named Insured	Description of Current Operations and Discontinued Operations:	% Ownership by 1 <sup>st</sup> Named Insured?	Common Mgmt? (Yes or No)	Active or Inactive (when)?
For each new entity listed above, please complete and attach the New Entity Questionnaire.				
For more than 5 Named Insureds, please complete and attach Schedule of Named Insureds.				
9. Does any Named Insured listed above have another separate General liability Policy? ( ) No ( ) Yes				
If yes, please explain:				
10. Are there any owned automobiles? ( ) No ( ) Yes				
11. Is there or has there been any work involving systems that provide any medical / life support / industrial piping /				

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sprinkler systems / or alarm systems? ( ) No ( ) Yes			
If yes, please explain:			
12. Describe any specialty construction operations / products:			
13. Explain any construction not completed on site, including modular home construction:			
<b>14. Construction Profile:</b>			
	<b>Prior Year</b>	<b>Upcoming year</b>	<b>Average Value</b>
o Number of one to four family homes?			
o Number of single family homes?			
o Number of spec homes?			
o Number of pre-sold homes?			
o Number of modular homes?			
o Number of multi-family homes over four family units?			
o Number of commercial buildings?			
o Number of industrial buildings?			
o Number of projects (If Insured is Trade Contractor, Subcontractor or Remodeler )			
o Total gross sales?			XXXXXXXXXX
o Total payroll?			XXXXXXXXXX
o Total cost of subcontracted work?			XXXXXXXXXX
o Total fees for construction management?			XXXXXXXXXX
o Total fees for construction consulting?			XXXXXXXXXX
o Total number of acres of vacant land?			XXXXXXXXXX
o Total number of acres of real estate development?			XXXXXXXXXX
o Total number of model homes?			XXXXXXXXXX
15. List last five jobs:			
16. Are there any current or prior projects involving the use of External Insulation Finishing Systems (EIFS or any other synthetic stucco system)? ( ) No ( ) Yes			
If yes, please explain:			
17. Explain any operations involving: pile driving / dock or seawall / dams / levees or bridges:			
18. Explain any crane operations:			
19. Provide percentage of work over three stories:		Maximum height in feet?	
20. Provide percentage of Insured's work below grade:		Maximum depth in feet?	
21. Provide complete description and percent of the type of remodeling / renovation work the Insured does (gut and rebuild, build-out improvements, new construction room additions, non-structural remodeling, structural remodeling, historical renovation, fire / water / flood restoration, demolition, mold remediation, etc.):			
22. Does the Insured's operations involve the use or disposal of any chemicals, hazardous materials or environmental type work: asbestos, lead, bioremediation, mold remediation, etc.? ( ) No ( ) Yes			
If yes, please describe:			

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<b>23. Does the Insured require written contracts on all work subcontracted?</b>				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Hold Harmless Agreement Included?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Required to be listed as Additional Insured?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Commercial General Liability Certificates of Insurance obtained?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
How long are certificates maintained?		Years	CGL Limits Required?		
<b>24. How are the Insured's jobsites secured (Fencing, lighting, security/patrol/guard service, etc)?</b>					
<b>25. Type of equipment rented / leased?</b>					
Any equipment rented / leased to others with or without operators?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, please provide details:					
<b>26. Does the Insured require independent soil testing of land / lots before building?</b>				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Explain any soil testing performed:					
<b>27. Does the Insured design its products using in-house architects?</b>				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Does the Insured provide architectural services to others?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
Do they employ outside architect for purpose of design?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, do they hold the Insured harmless and name the Insured as an Additional Insured?				<input type="checkbox"/> No <input type="checkbox"/> Yes	
What Limits of Professional Liability does the architect carry?					
How are the building plans obtained? (Purchased, owner provided, original design copy written, etc)					
Who owns the plans?					
<b>28. Does the Insured employ an independent forensic inspector to document each phase of construction?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>29. Are home warranty policies provided to the homebuyers?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>30. Is there a formal customer service program in place to handle warranty repairs?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
<b>31. Does the Insured have any operations other than construction?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, please explain:					
<b>32. Does the Insured have any land development operations, including selling either raw or improved land?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, please complete and attach the Land Developers Questionnaire?					
<b>33. Does the Insured have a swimming pool?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes					
If yes, please complete and attach the Swimming Pool Questionnaire.					
<b>APPLICANT'S SIGNATURE:</b>					

04-06-06