

Residential Home Builder Questionnaire

Name: _____ Effective Date: _____
Physical Address: _____

Tax Identification Number (TIN): _____ Audit Contact Information: Name: _____
Phone#: _____
Email: _____

Check all of the following that describes applicant's operation:

- ☐ Construction consultant to owners (you do not perform direct labor or hire employees &/or subcontractors)
☐ General Contractor (hired by property owner)
☐ Developer/owner of land/buildings (hires general contractor)
☐ General contractor (property owner hires the subcontractors)
☐ Developer of land only
☐ General contractor (speculative builder)
☐ General contractor (hired by developers)
☐ Subcontractor performing one or two trades (hired by general contractor or property owner)

Check the following:

Liability Occurrence Limit ☐ \$1,000,000 ☐ \$2,000,000
Aggregate Limit ☐ Same as Occurrence ☐ Double Occurrence Limit
Property Damage Deductible ☐ \$500 ☐ \$1,000 ☐ \$2,500 Other \$ _____

Employee Payroll: (Other than owners, officers and clerical)	Class Code	Payroll	Class Code	Payroll
_____	_____	\$ _____	_____	\$ _____
_____	_____	\$ _____	_____	\$ _____

of Officers: _____ # of Officers active at job sited or performing supervisory duties: _____

Scope of Operations	Percentage of Work	New Construction	Remodel/Service/Repair
# Years in Business: _____	Residential: _____	_____	_____
# Years Experience: _____	Commercial: _____	_____	_____
# Years Prior GL Coverage: _____	Industrial: _____	_____	_____

Historical & Future Projects	Next 12 Months	1st Prior Year	2nd Prior Year	3rd Prior Year
# of Projects (Jobs)	_____	_____	_____	_____
Total Employee Payroll:	\$ _____	\$ _____	\$ _____	\$ _____
Gross Annual Sales:	\$ _____	\$ _____	\$ _____	\$ _____
Subcontracted Cost:	\$ _____	\$ _____	\$ _____	\$ _____

New Venture or in Business Less than Three (3) Years

Years Related Experience: _____ Date this Business was Established: _____
Summary of Experience: _____

- | | | | |
|--|-----|----|-----|
| 1. Do you perform work on residential projects valued over \$2 million: | Yes | No | N/A |
| 2. Do you require subcontractors to have a written contract with hold harmless agreements indemnifying against all losses from the work performed for the insured by any and all subcontractors: | Yes | No | N/A |
| 3. Do you require subcontractors to provide certificates of insurance showing limits of liability equal to or greater than those on your policy: | Yes | No | N/A |
| 4. Insured will be named as additional insured on all subcontractors general liability policies: | Yes | No | N/A |
| 5. Any exterior work exceeding three (3) stories in height: | Yes | No | N/A |
| 6. Work on condos, townhouses, apartments, condo conversions: | Yes | No | N/A |

7. Work on Tract Developments with more then thirty (30) units:	Yes	No	N/A
8. Any work with student housing, senior housing, assisted living facilities, or retirement homes involving more than one (1) individual unit within the development:	Yes	No	N/A
9. Work on slopes greater than fifteen (15) degrees or retaining walls higher than three (3) feet:	Yes	No	N/A
10. Any installation or work with wood, coal, or waste oil-burning stoves:	Yes	No	N/A
11. Any work involving mold, asbestos, environmental remediation, or herbicides/pesticides:	Yes	No	N/A
12. Any installation of fire extinguishing systems or monitoring of alarm systems:	Yes	No	N/A
13. Any work on railroads, traffic lights, airports, recreation facilities, petroleum plants, chemical facilities, elevators, escalators, retrofitting, or foundation repair/stabilization:	Yes	No	N/A
14. Any swimming pool installation, work with fiber optics, or tunneling operations:	Yes	No	N/A
15. Any work for Utility Companies and/or Municipalities:	Yes	No	N/A
16. Have you filed bankruptcy in the past seven (7) years:	Yes	No	N/A
17. During the past three years has any company ever cancelled, non-renewed, declined, or refused to issue similar insurance:	Yes	No	N/A
18. Is there a Formal Safety Plan:	Yes	No	

19. Check if any Owner, Partner, Spouse or Employee have any of the following specialized licenses:
☐ Architect/Engineer ☐ Real Estate ☐ Other ☐ Check if None

20. Do supervisors visit each job site daily?
☐ Yes ☐ No

21. Estimate the number of jobs performed annually:
 Total New Homes Built
 New homes built in any one tract, subdivision or development

22. Estimate the number of jobs performed annually where the only work performed is one of the following (indicate Zero "0" if none)
 Exterior door/window installation Foundation Exterior Stucco
 Earthquake retrofitting or updating Pressure washing Siding
 Framing Roof repair and/or installation Waterproofing/caulking
 Automatic garage door installation and/or repair
 Fire or burglar alarm or automatic sprinkler design, install or repair

23. Check if applicant has been involved with or will perform: ☐ Check if None
☐ Demolition (other than tearing down with hand tools)
☐ Underground tank removal or installation
☐ Environmental cleanup including lead paint, asbestos and mold
☐ Purchased or have plans to purchase land that will be subdivided into 4 or more new building lots
☐ Retaining wall construction over three feet, earth stabilization
☐ Site grading, excavation, trenching (more than three feet) or shoring
☐ Fire/flood damage restoration work
☐ Managed property for others
☐ EIFS or EIFS related products
☐ Cranes or booms used to perform your work
☐ Purchased property for renovation, resale or rental
☐ Equipment loaned/rented to others

Explain all items that have been checked (please indicate if work is subcontracted to others):

24. Name of 3rd Party Warranty Company Contracted With

Did you provide a 3rd Party Structural warranty on ALL new homes built in the last 12 months? Yes No N/A -New to Structural Warranty

Will you provide a 3rd Party Structural warranty on ALL new homes built in the next 12 months? Yes No

Builder Number and Contact for 3rd Party Structural Warranty ?

25. Check all that apply for persons or entities named in the application: ☐ Check if None

- ☐ Any claims against your insurance in the past 5 years
- ☐ Operated for any period without insurance
- ☐ Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer
- ☐ More than 1 mechanics lien filed against others in past 5 years
- ☐ Have knowledge of any existing problem or construction defect on one or more of your jobs that may potentially give rise to any future claim or legal action against such person or entity
- ☐ Ever been sued or had a demand for arbitration regarding faulty/defective construction
- ☐ Wrap-up insurance program

Explain all items that have been checked:

The undersigned is an authorized representative of the applicant and represents that reasonable enquiry has been made to obtain the answers to questions on this questionnaire. He/she represents that the answers are true, correct and complete to the best of his/her knowledge.			
Signature, Title, Company	Date	Producer's Signature	Date

PLEASE EMAIL APPLICATION TO: BUILDERS@MAVERICKBUILDERS.COM