

**COLONY INSURANCE COMPANY – COLONY SPECIALTY INSURANCE COMPANY
PELEUS INSURANCE COMPANY**

CONTRACT DIVISION – CUSTOM HOMEBUILDERS - SUPPLEMENTAL APPLICATION

ACORD Application also required - Check all applicable checkboxes below

General Agent:	Date:
Insured:	
Insured Mailing Address:	
Insured's Web Address:	
Insured Contact Name:	Phone Number:

YEARS IN BUSINESS / EXPERIENCE

_____ Years in business as the 'Named Insured' indicated on this application
 _____ Years' experience in the operations indicated on this application - Attach resumes if available

Has applicant had an insurance policy cancelled or non-renewed in past 3 years? If yes, explain.
(Missouri Applicants - Do not answer this question)

Applicant in receivership
 Bankruptcy (Chapter 7, 11 or 13) has been filed in past 5 years

LICENSING

Licensed License Number: _____ Year License Issued: _____

CONTRACTS

Written contracts are always used with third parties. If not, explain:

LOSS HISTORY

Three years of loss history information on ACORD application or attached to this application
 No known litigation related to construction defect. If "yes" please provide details on attached loss history.

OPERATIONS

States where work is anticipated during the coming policy term:

Applicant works in the capacity of General Contractor _____% of the time, and/or Subcontractor _____%

Estimated number of custom home starts in the coming policy term: _____

Aver number of homes you build in a single development: _____ What is the maximum: _____

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OPERATIONS (continued)

Residential Work – New-Ground-Up Construction	%
Residential Work - Remodeling (including additions), Repair, Service	%
Total of above percentages must equal 100%	100%

EXPOSURES / CONTROLS

- Above Grade work exceeds 20 feet. _____ Maximum height in feet _____ % of work above 20 feet
- Architectural Plans or Blueprints are drawn up by the applicant
 - Profession Liability Coverage is in place with a limit of \$ _____
- Below grade work exceeds 36 inches _____ Maximum depth in feet _____ % of work below 3 feet
 - If more than 36 inches below grade an insured third party utility marking service is always used
- Project security typically includes:
 - Fencing
 - Night lighting
 - Watchman
- Bonding Insurance (providing Contract and Surety Bonds for you on behalf of your work are in place. If yes, carrier is: _____)
- Exterior Insulation and Finish Systems (EFIS) - Have performed work in the past using EFIS
- Home Warranty program is provided to purchasers. If yes, attach copy of program.
- Inspections (independent third party) are performed on all custom homes prior to release to purchaser
 - Jobsite locations have or will have exposures to:
 - Expansive soils
 - Flood zones
 - Hillsides or hilltops
 - Landfills, dumps (former sites)
 - Subsidence areas
- Land – Real Estate Development property defined as raw land with no improvements or development such as streets, road, sidewalks, or Utilities. If “yes”, number of acres and city/state: _____
 - Zoned Habitational
 - Retail
 - Commercial/Industrial
- Land – Undeveloped and unimproved. If “yes”, number of acres and city/state: _____
 - Zoned Habitational
 - Retail
 - Commercial/Industrial
- Model Home(s) operated by insured If yes, location (city/state): _____
- Multi-family Construction - Have been involved as a General Contractor in new-ground-up construction of Multi-family habitational properties (i.e. apartments, co-ops, condos, townhomes or tract homes) in the past 10 years. If “yes”, specify year(s) on construction, number of units for that year, state and city. _____
- Oversight of all projects is in place and performed by insured or insured’s employee(s)
- Rental of Equipment to third parties. Describe equipment: _____
- Roofing (If payroll exceeds \$7500 for roofing related work a Roofing Supplemental Application is required)
- Safety program – Formal safety program is in place and enforced
- Scaffolding is used
 - Other jobsite contractors are allowed to use insured’s owned or rented scaffolding

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EXPOSURES / CONTROLS (continued)

- Vanish, Lacquer, Paint, Glue-Controls in place including proper disposal of rags (spontaneous combustion)
- Wrap Ups – There are operations insured elsewhere by an owner controlled insurance program (OCIP) also Referred to as “wrap up” insurance. If yes (details):

MAJOR JOBS COMPLETED WITHIN THE PAST 5 YEARS (including major work-in-progress or major planned projects)

Project Name	Description of Project	Location of Project (City and State)	Project Cost	Year Project Completed
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

SUBCONTRACTORS

- Uninsured subcontractors are not acceptable. Exceptions allowed in Texas subject to Company guidelines.
- Describe type of work performed by subcontractors:

- Risk Transfer – Subcontractors:
 - A.I.A. Standards followed when establishing contracts with subcontractors
 - Additional Insured – Status granted to you on the subcontractor’s policy

Certificates of insurance - Always obtained from a subcontractor prior to any work being done for you.

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SUBCONTRACTORS (continued)

- Risk Transfer – Subcontractors (continued):
 - Hold harmless and Indemnification Agreements – Required from subcontractors
 - Job to Job - Same set(s) of subcontractors usually used
 - Limits of Liability - Subcontractors are required to carry limits equal or above your own
 - Uninsured subcontractors – Sometimes used – Explain: _____
 - Workers compensation (if applicable) – Subcontractors required to have their own WC

EMPLOYEES

- Total Number of Employees (include leased employees): _____
- Describe type of work performed by employees:

PAYROLLS / COSTS

All Owner Payroll (Cap at \$16,000 per Owner	\$
All Employee Payroll (if any)	\$
All Leased Employee Payroll (if any)	\$
Cost of Insured Subs (if any)	\$
Cost of Uninsured Subs (if any)	\$

RECEIPTS

All Operations	\$
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OTHER OPERATIONS

- Insured has other operations or exposures other than contracting related. If “yes”, describe and advise where these exposures are insured:

DISCONTINUED OPERATIONS / DISCONTINUED NAMED INSURED

- Acted in the capacity of a General Contractor and/or Construction Project Manager on new-ground-up residential construction (defined as apartments, condos, co-ops, homes or townhomes) in past 10 years.
- Discontinued Operations for this application’s Named Insured(s) in the past 10 years. Provide details below:

- Operated under a different ‘Named Insured(s)’ in the past 10 years. Indicate the Named Insured(s) and corresponding operations for the Named Insured(s) below:

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COVERAGE OPTIONS - LIABILITY (check if you would like a quote on any of the following)

- Employee Benefit Liability – U058
- Employment Practices Liability Insurance – U817 (Not available in AR, LA, MT, NM, NY, VT)
- High Limits General Liability
- Identity Recovery – i.e. Identity Theft – U651
- Medical Expense Limit of \$10,000 rather than \$5,000
- Overspray Coverage Limitation – U679
- Pollution Exclusion – Limited Exception for Short-Term Event – U146
- Professional Extension – Contractors Professional Liability Coverage Limitation – U146
- Stop Gap Liability – U066

COVERAGE OPTIONS - PROPERTY (check if you would like a quote on any of the following)

- Building Ordinance or Law (Increased Cost of Construction) – U750
- Equipment Breakdown – U522 & U523
- Property Coverage Enhancement: Bronze – U777C Silver – U777B or Gold – U777A
- Signs (Outdoor) – CP1440
- Water Back Up and Sump Overflow – U548

GENERAL FRAUD STATEMENT (Not applicable in all states.)

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, may be committing a fraudulent insurance act, and may be subject to a civil penalty or fine.

The undersigned is an authorized representative of the applicant and certifies that reasonable inquiry has been made to questions on this application. He/She certifies:

- *The answers are true, correct and complete to the best of his/her knowledge.*
- *They agree to the Privacy and Fraud provisions found in the ACORD-125 (Commercial Insurance Application) and understand those provisions also apply to this supplemental application.*

SIGN AND DATE

PRODUCER'S SIGNATURE	DATE
APPLICANT'S PRINTED NAME	DATE
APPLICANT'S SIGNATURE	DATE