



INVESTORS UNDERWRITING MANAGERS, INC.

310 Highway 35 South, Red Bank, NJ 07701
(732)224-0500 (800)243-6869 Fax(732)741-9536

RESIDENTIAL/COMMERCIAL GENERAL CONTRACTORS APPLICATION

Named Insured: _____

Address: _____

City: _____ State: _____ Zip: _____

Structure of Organization: Corporation () Partnership () Sole Proprietorship () LLC ()

If other, please describe: _____

Officers/Partners/Owners: _____

Contractor's License No.: _____ State(s) in which you do business: _____

Description of Operations

1. Provide a list of trades performed by the named insured:

2. Does the named insured operate as a:
 General Contractor Project Manager Project Owner Builder/Developer

3. Attach a list of projects completed in the last ten years.
4. Attach a list of projects in progress, major jobs anticipated for the next year, and a description of each.
5. Please attach a complete list of named insureds to be included in the application and provide a brief description of each.
6. Please indicate exposures for the current (estimated) and past three years:

Year _____	Payroll _____	OCP _____	Receipts _____
Year _____	Payroll _____	OCP _____	Receipts _____
Year _____	Payroll _____	OCP _____	Receipts _____
Year _____	Payroll _____	OCP _____	Receipts _____

7. Provide the percentage of work performed by or on behalf of the named insured:

New Construction _____	Remodeling _____	= 100%
Outside Building _____	Inside Building _____	= 100%
Residential _____	Commercial _____	= 100%

8. Provide the type of construction by percentage of operations:

<u>RESIDENTIAL</u>		<u>COMMERCIAL</u>	
_____ %	Single Family Dwellings	_____ %	Industrial
_____ %	Condominiums	_____ %	Concrete/Tilt Ups
_____ %	Apartments	_____ %	Warehouses
_____ %	Townhouses	_____ %	Sewer/Water
		_____ %	Street & Road

For types of construction other than above, please describe:

9. Have you been involved in any past condominium, townhouse or cooperative housing construction?
If so, please attach a detailed description of each project.

10. Site conditions for construction (please answer all subparts – they are all applicable).

(a) Does the insured construct on: (check all that apply)

- | | | | |
|----------------------------|-----------------------------|---------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Flat pads in
flat areas | Flat pads in
hilly areas | On hillsides
or slopes | On coastal
areas |

(b) What is the thickest fill depth (feet) of any land on which the insured builds/has built?

- | | | | | |
|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| <input type="checkbox"/> (0) | <input type="checkbox"/> (2) | <input type="checkbox"/> (4) | <input type="checkbox"/> (7) | <input type="checkbox"/> (15) |
| < 5 | < 15 | < 25 | < 50 | ≥ 50 |

Use of Subcontractors

1. Provide a list of trades subcontracted by the named insured and the full names of major subcontractors. (Include roofer, framer, concrete, grading and wallboard subcontractors.)

2. Does the insured normally employ the same subcontractors? _____

3. Attach sample copies of all types of agreements with subcontractors that the named insured uses (subcontract agreement, additional insured requirements, hold harmless wording)

This information *must* accompany the application.

4. What limits of insurance does the named insured require the subs to carry? (Primary and Excess)

5. Does the named insured require Type I Indemnity Agreements and CG20101185 Additional Insured Endorsements? Yes _____ No _____

6. Are current certificates of insurance provided by the subcontractors? Yes _____ No _____

7. Does the insured keep copies of all required certificates? Yes _____ No _____

8. How long are they kept? _____

9. Does the named insured require only occurrence coverage on subcontractor policies?
Yes _____ No _____

10. Indicate the anticipated percentage of the construction work you will perform and that which will be subcontracted over the next 12 months:

Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed	Type of Work	% Direct	% Subbed
Blasting			Grading			Roofing		
Bridge Building			Insulation			Sewer		
Carpentry			Maintenance			Steel/Structural		
Concrete			Masonry			Steel/Ornamental		
Demolition			Mechanical			Street/Road		
Drilling			Painting			Supervisory Only		
Earthquake Repair			Plastering			Construction Mgmt		
Electrical			Plumbing			Water/Gas Mains		
Excavation			Other (Describe):					

Loss History/Loss Control

1. Does the named insured test all land, even if partially developed prior to purchasing for development? _____
 Or, does the named insured only rely upon the soils tests supplied by the seller? _____

2. Does the insured have a soils engineer on staff? _____
 If not, is an independent soil engineer employed? _____
 Does the soils engineer hold the insured harmless and name it as an additional insured? _____

3. Does the insured employ an independent inspector that inspects each phase of construction? _____
 If so, what is the name of the inspection company/companies? _____

4. Does the named insured have any current or prior projects involving the use of Exterior Insulation and Finish Systems (EIFS, also known as synthetic stucco)? _____
 If yes, please provide details: _____

5. During the past three years, has any company ever cancelled, declined, or refused to issue similar insurance to the applicant? _____ If yes, please provide details: _____

6. Loss History for the past five (5) years:

Policy Yr.	# of Claims	Aggregate Losses	Comments

7. Of the above losses, how many involved litigation/lawsuits? _____

8. How many were resolved prior to litigation? _____

9. Please provide details of all losses in excess of \$25,000:

10. Please attach a minimum of 5 years of currently valued insurance carrier loss runs.

11. Are you currently or have you ever been involved in any litigation with your current or past liability carriers?
If yes, please provide details:

I _____ hereby attest under penalty of perjury I have had no General Liability losses in the past five (5) years. In the event losses are discovered, for the period in question, our policy premium would be 100% fully earned and subject to cancellation, reformation and/or revocation.

Insured's Signature

Date

Management/Quality Control

1. Please attach a copy of the insured's quality control program.

2. What is your construction experience and that of your key personal? (attach resume(s), if available):

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Yrs. Experience</u>

3. Who in the insured’s organization is responsible for customer service?

4. How long does the insured respond to complaints? _____
 Would the insured respond to homebuyers’ complaints after their warranty periods? _____
 If so, what is the maximum time the insured would do this? _____

5. Please describe the process by which the insured handles homebuyers complaints, including documentation and follow-up with the homebuyer. Include a description of the insured’s process when a subcontractor is needed for repairs. Please include the insured follow-up procedure after the repairs have been made:

6. Does the insured provide a homeowners manual which describes maintenance schedules and proper use of property to all homebuyers? _____

7. Are homeowners warranty policies provided to homebuyers? _____
 Please attach a sample homeowner warranty policy.

Expiring Carrier Information (past 5 years)

<u>Carrier</u>	<u>Limit</u>	<u>SIR/Deductible</u>	<u>Premium</u>
Expiring:			
1 st Prior:			
2 nd Prior:			
3 rd Prior:			
4 th Prior:			
5 th Prior:			

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials (“this Application”), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application, as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and forms a part of such policy.

Signature of Applicant: _____

Date: _____

Title (Officer, Partner): _____