



# Patriot National Underwriters, Inc.

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## General Contractors – Residential / Homebuilders

CQ0100\_01/08

Insured/Applicant \_\_\_\_\_ Website Address \_\_\_\_\_

1. Number of years in business under this name: \_\_\_\_\_ Number of years of experience in this trade: \_\_\_\_\_

2. Describe the types of work you perform:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are you a member of a local Home Builder Association?  Yes  No  
If yes, which one? \_\_\_\_\_

4. Are you a member of your State’s Home Builders Association?  Yes  No  
• If yes, are you a Certified Builder  Yes  No  
• If yes, are you an “active” Certified Builder?  Yes  No

5. Please indicate the percentage of the following operations that you perform:

General Contractor \_\_\_\_\_ %                      Manager/Owner of Properties \_\_\_\_\_ %  
Subcontractor \_\_\_\_\_ %                      Real Estate Developer \_\_\_\_\_ %  
Other \_\_\_\_\_ %

6. Please provide the percentage of work performed by or on behalf of the applicant split between (1) residential vs. commercial, and then (2) new vs. remodeling work.

Residential \_\_\_\_\_ %                      Commercial \_\_\_\_\_ %  
New Construction \_\_\_\_\_ %                      Remodeling\* \_\_\_\_\_ %

\*Provide description of remodeling/renovation work performed (gut and rebuild, tenant build-out and improvements, new construction building or room additions, etc.): \_\_\_\_\_  
\_\_\_\_\_

7. What states do you/have you operated in? \_\_\_\_\_

8. Please list the largest projects that you have completed in the past 5 years.	Job Cost	Duration

9. Please indicate whether any of the following types of work or materials have been done or handled by you or on your behalf by subcontractors either in the past, or will be done in the upcoming year:

Asbestos Related	<input type="checkbox"/> Yes	<input type="checkbox"/> No	High Pressure Boiler Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blasting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Environmental Remediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Mold Remediation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	EIFS	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Townhouse Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Condominium Construction	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10. Does any prior work differ significantly from your current operations? If so, please describe those operations: \_\_\_\_\_

11. Exposure information:

Year	Direct Payroll	Subcontractor Costs	Total Receipts
Current			
1 <sup>st</sup> Prior			
2 <sup>nd</sup> Prior			

12. Subcontractor Management Practices – **Please be as specific as possible.**

Do you typically use the same subcontractors for most projects?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you use written contracts with all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
• If YES, do the contracts include a requirement that you be indemnified and held harmless by the subcontractor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you require subcontractors to name you as Additional Insured under their liability policies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are certificates of insurance required of all subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What limits of insurance do you require subcontractors to carry on liability policies?		
Describe recordkeeping used to document work performed by subcontractors. (For instance, if a claim is made arising out of a construction project you completed 5 years ago, what documentation would you rely on to determine what subcontractors were involved with the work?)		
Please describe the typical approach to pre-qualifying and selecting subcontractors to be used:		

13. Are you required to provide additional insured status to others under your insurance policy?  Yes  No  
 If yes, please list the names of anyone whom you work for who regularly requests this: \_\_\_\_\_

14. Construction Defect Mitigation Procedures: **Please be as specific as possible.**

• Describe steps taken to ensure ground is properly graded for drainage and suitable for long-term stability of the structures you build (discuss any soil testing, soil stabilization, storm water management, grading and earthwork analysis, etc.):

• Describe (or attach copy of) your quality control program, including comments on prevention of water intrusion during the course of construction and post-construction. Also, please describe the punch-list procedure for addressing post-construction workmanship issues:

• Describe the process by which you handle homebuyer complaints, including documentation and follow-up with the homebuyer. Include a description of your process when a subcontractor is needed to complete repairs. Please include your follow-up procedure after the repairs have been made:

• Are homeowners warranty policies provided to homebuyers? If so, please include a description of the terms (how long are policies in effect, what are the notice and repair requirements, etc.):

15. Have you ever been involved in any loss or litigation regarding poor workmanship, construction defect, water intrusion, mold, or fungi?  Yes  No If yes, please explain and provide details. **Please be specific.**

\_\_\_\_\_

16. Do you have any other operations other than contracting?  Yes  No  
If yes, please provide details: \_\_\_\_\_

17. Do you own vacant land?  Yes  No If yes: Number of acres: \_\_\_\_; If yes, is there hunting on vacant land?  Yes  No, or are there any bodies of water on the land?  Yes  No, and if yes, are they fenced?  Yes  No Do you sell land, either raw or improved?  Yes  No

18. Height/Depth of Operations

- Please provide the percentage of work performed above two stories and the maximum height:  
% \_\_\_\_\_ Maximum Height: \_\_\_\_\_
- Please provide the percentage of work performed below grade and the maximum depth:  
% \_\_\_\_\_ Maximum Depth: \_\_\_\_\_

Note: Please attach:

- a list of the addresses of all job sites in progress and the name and phone number of contact personnel for loss control purposes
- a sample of contracts used with subcontractors and/or suppliers
- a sample of any homebuyer warranties that you provide to new home buyers
- a copy of written safety or training program, if applicable

ATTENTION

1. THE APPLICANT DECLARES THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITH THIS APPLICATION TO DETERMINE ACCCETPABILITY, RATES AND COVERAGE.
3. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE (OFFICER, PARTNER, OWNER) \_\_\_\_\_

WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY.