



TEXAS HOMEBUILDER AND CONTRACTOR PROGRAM
Supplemental Application
 Submitted by Comprehensive Risk Solutions, Inc. www.crs411.com

Account Name	Producer Name John Hubbard -	Phone Number 817-296-7345
Account Contact Name	Producer e-mail address jhubbard@crs411.com	Fax Number 817-423-6759
Account web site address	Account e-mail address	Date Completed

Definitions of *italicized terms* are provided at the end of this supplemental application.

ELIGIBILITY

1. **Is the applicant registered with the TRCC or have any Trade licensing?** Yes No
2. Is the applicant a homebuilder or residential general contractor? Yes No
3. Are the total hard costs greater than \$1 million? Yes No

If the answer to question 2 and 3 above is **NO**, the account may not be **eligible** for the program.

4. Does the homebuilders have uninsured or underinsured subcontractors greater than \$300,000 from all jobs and general contracting activities? Yes No

If **yes**, the account may be eligible for the **uninsured / underinsured supplemental program**.

5. Does the builder provide a 3rd party **insured** warranty? Yes No
6. Advise the **percent of total operations**, if any, performed **by the insured's own employees** in the following trades: Yes No

7. Carpentry _____%	Roofing _____%	Concrete _____%
Framing _____%	Door, Window Installation _____%	Drywall, plastering, stucco _____%
Siding _____%	Masonry _____%	Other _____%

8. Have you included the following items with your application for this program?

• Copy of the purchase/sales agreement between the builder and customer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Copy of the subcontract agreement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Copy of the 3 rd party insured warranty provided to customers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Copy of loss runs (5 years preferred)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
• Large loss summary describing losses exceeding \$10,000 per occurrence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If NO to any of the above, discuss with your underwriter prior to submitting.	

9. Has the applicant ever been named in claims and/or litigation regarding faulty or defective construction or workmanship, including claims due to *subsidence* issues, use of *Exterior Finish Systems* or *Plumbing and Water Intrusion*? Yes No
- 9a. If **Yes**, was the applicant acting as a builder / general contractor? Yes No
- 9b. If **Yes**, was it a residential project? Yes No
- 9c.. Provide detail on claims/litigation and how the issue was corrected.

10.	Does applicant have knowledge of any pre-existing act, omission, event; condition or damages to any person or property that may potentially give rise to any future claim or legal action? If Yes, please describe	<input type="checkbox"/> Yes <input type="checkbox"/> No
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11.	Does the Insured get involved in the following:	
	• EIFS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Utility construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• If utility work is performed are connections made by the applicants company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Does applicant us a lateral boring machine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Do any operations involve demolition of complete structures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is there any work above 3 stories? If yes explain	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is there any equipment such as cranes rented by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is there any underground parking or coffer dams constructed or supervised?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is installation of security equipment or alarm systems part of the applicant's work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is any work related to highway or bridge construction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is any work related to land development or residential infrastructure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Does the applicant own lots or undeveloped land?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Does applicant position or set-up barricades?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• Is there model or show home exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• If there are model or show homes how many?	#

12.	Applicant is operating as:	
	Subcontracted work <input type="checkbox"/> Yes <input type="checkbox"/> No if yes ____%.	
	Does the applicant perform commercial general contracting or light commercial tenant finish-out? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If yes then how much as a percentage of commercial work ____%	

13.	Has the insured been cited for any OSHA violations in the last three years? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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14.	List the states the insured worked in during the last 5 years.	
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Complete the following as regards sub-contracted work:

15.	Does the applicant obtain Certificates of insurance from all subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is there a Document Management System in place to track and store expiration dates and copies of certificates of insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Does the insured require all subcontractors to carry primary limits of \$1/2/2	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is the insured named as an additional insured on all subcontractors' policies on a primary and non-contributory basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Does the insured use written subcontractor agreements containing hold harmless/indemnity agreements in favor of the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Does the insured verify that all sub-contractors follow all industry requirements and applicable state and local codes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Have these agreements been reviewed by a contract specialty attorney? If yes, on what date? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

RESIDENTIAL & HABITATIONAL WORK BREAKDOWN (Total Annual Hard Costs)		
Percentages based on: (check one) <input type="checkbox"/> Hard Costs (all work including labor & supplies)		\$_____.
22.	CONDOMINIUMS	_____%
	MULTI-FAMILY DEVELOPMENTS (including townhouses or fee simple)	_____%
	SINGLE FAMILY DWELLINGS (including duplexes)	_____%
	OTHER RESIDENTIAL/HABITATIONAL	_____%
	Should Equal 100%	_____%
23.	Has the applicant ever installed or have any future plans involving the installation of <i>Exterior Finish Systems</i> ? If yes, describe.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Safety & Quality Construction

24.	Does the insured have a written safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Does the insured have a written quality construction program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	If Yes is does it include Independent 3 rd party inspected	_____%
26.	Does the insured retain job files? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how long? _____
27.	Does the insured have a mold remediation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.	Does the insured have a dedicated warranty service employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Producer's Signature

Date

Applicant's Signature

Date

Financial Information & Uninsured Subcontractor Exposures:

1. Gross Receipts

Anticipated for next 12 months	\$
Current Year	\$
Previous Year	\$

2. Hard Cost

Anticipated for next 12 months	\$
Current Year	\$
Previous Year	\$

3. Payroll

Number of Employees (FT/PT)	
Employee Payroll (Excluding Owners)	\$
Labor cost for <u>UNINSURED</u> subcontractors	\$

<u>Phase of Work</u>	<u>Employee Payroll</u>	<u>UNINSURED Sub Contractor Cost</u>
Architectural Work		
Carpentry (Framing/Cornice)		
Carpentry (Interior)		
Concrete Construction		
Debris Removal		
Demolition		
Driveway Paving/Sidewalk		
Drywall		
Electrical		
Engineering		
Excavation		
Executive Supervisor		
Fence Erection		
Flooring (Carpet)		
Grading of Land		
HVAC		
Insulation		
Janitorial		
Landscaping		
Masonry		
Metal Erection (Dwellings)		
Metal Erection (Non-Structural)		
Metal Stud Construction		
Painting (Exterior)		
Painting (Interior)		
Plastering/Stucco (No/EIFS)		
Plumbing		
Refrigeration		
Roofing		
Sheet Metal (Outside)		
Swimming Pool Const. (Above)		
Swimming Pool Const. (Below)		
Swimming Pool Svc. (No Repairs)		
Tile/Stone/Terrazzo (Interior)		
Welding		
Other		