

**PARTNERS GENERAL INSURANCE AGENCY
CUSTOM HOME BUILDERS
SUPPLEMENTAL QUESTIONNAIRE**

Applicant Instructions:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.

THE TERM "WILL YOU" IN A QUESTION MEANS UNTIL THE EXPIRATION DATE OF THE POLICY.

1. Applicant: _____

Business Address: _____

Describe your business operations: _____

2. How long have you been building new homes? _____

3. Number of housing starts planned in the next 12 months _____
Number of housing starts planned utilizing multiple designs in any one development or construction phase _____

4. Number of home remodeling jobs you plan in the next 12 months _____

Number of home remodeling jobs you had last year _____

5. Average cost of new homes built? _____ Average cost of remodeling jobs? _____

6. Number of homes you have built in the past 5 years:

Yr _____ Yr _____ Yr _____

Yr _____ Yr _____ Yr _____

7. Location addresses of new homes currently under construction or anticipated in the next 12 months and cost of each: (Attach separate sheet if necessary)

8. Location addresses of new homes built in the past 5 years and cost of each: (Attach separate sheet if necessary)

9. Have you built, are you currently building, or will you build homes that are located in areas where homeowners belong to a homeowners association? Yes No If yes, please provide details:

10. Do you provide warranties to your customers? Yes No If yes, please provide details:

11. Have you built, are you currently building, or will you build homes located on subdivided plots of land? Yes No If yes, please provide details, including age of other homes in these subdivisions:

12. Have you built, are you currently building, or will you build "spec" homes? (You purchase land, build home, put up for sale to others.) Yes No If yes, please provide details:

13. List your General Liability (including Completed Operations) insurance carriers for the past 5 years:

Yr _____	Yr _____
Yr _____	Yr _____
Yr _____	Yr _____

The undersigned Applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts.

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

Notwithstanding any of the foregoing, the Applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The Applicant further understands that, if a policy of insurance is issued, this questionnaire will be incorporated into and form a part of such policy.

Signature of Applicant: _____

Title (Owner, Officer, Partner) _____

Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE UNDERWRITING MANAGER TO PROVIDE THE INSURANCE.