

## Homebuilders Program Questionnaire

**Business Name** \_\_\_\_\_ **Contact** \_\_\_\_\_

**Website** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Current Policy Term** \_\_\_\_\_ to \_\_\_\_\_ **Current Insurance Co** \_\_\_\_\_

NJBA Member Y\_\_ N\_\_                      Check all Designations that apply and attach copy of certificate(s)  
 If yes, member # \_\_\_\_\_              CGB\_\_ CGR\_\_ CGP\_\_ GMB\_\_ GMR\_\_  
 Local Assoc \_\_\_\_\_

Type of Construction Work Performed (Projected figures for premium indication purposes)

	Single Family Homes	Multi – Family Units*	Remodeling Work	Commercial Work	Construction Management
<b>Average Total Construction Cost / Unit or Job</b>					
<b>Average Months to Complete / Unit or Job</b>					

**Average Total Construction Cost = total cost of all labor only subcontractors + labor & material subcontractors + Materials purchased directly by you**

\*Please indicate type and number of Multi – Family Units projected  
 Duplex \_\_\_\_\_ Triplex \_\_\_\_\_ 4-Plex \_\_\_\_\_ 5-Plex and Over \_\_\_\_\_

Estimated Payroll (Projected figures for premium indication purposes)

Job Function	Estimated Payroll	Comments
General Laborers		Includes jobsite clean up
Project Managers		Individuals that manage more than one project
Rough Carpenters		Includes framing, stud work, subfloors
Finish Carpenters		Includes trim, cabinetry, doors
Superintendent/Forman		Individuals that oversee your own crew
Post Title or Punch List Administration		
Salespeople		
Owners/Members		
Other (describe below)		

Do you require subcontractors to sign a subcontractor agreement?      Yes \_\_\_ No \_\_\_  
 If yes, provide a copy of an agreement executed within the past 12 months.

Do you require subcontractors to name you as 'additional insured'?      Yes \_\_\_ No \_\_\_

Do you have any Model Homes?      Yes \_\_\_ No \_\_\_ How Many \_\_\_  
 (a model home is a home for sale until the very end of the project)

Do you have any Homes in Inventory?      Yes \_\_\_ No \_\_\_ How Many \_\_\_

Would you like indications for any of the following coverages

Umbrella Liability      Yes \_\_\_ No \_\_\_ Limit \_\_\_\_\_

Contractor Equipment      Yes \_\_\_ No \_\_\_ Scheduled Limit \_\_\_\_\_

Miscellaneous Tools      Yes \_\_\_ No \_\_\_ Total Unscheduled Limit \_\_\_\_\_