

**RENEWAL
CONTRACTORS
APPLICATION**

PRODUCER		EXPIRING POLICY NUMBER	
PRODUCER CONTACT			
PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE	SUBPRODUCER	

APPLICANT INFORMATION

NAME (First Named Insured & Other Named Insureds)		FEIN OR SSN:	MAILING ADDRESS (Of First Named Insured)
		TELEPHONE:	
		CITY:	
Physical Location Address:		STATE:	ZIP CODE:
City:	State:	Zip Code:	Phone No:
HBA/Association Memberships:		Years in Business:	

NATURE OF BUSINESS & ANY CHANGES IN BUSINESS OPERATION FROM THE PRIOR YEAR:

CONTRACTOR'S STATE LICENSE NUMBER:	STATE:	HOME BUILDERS ASSOCIATION: (Please check)
Entity: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		<input type="checkbox"/> ASHBA <input type="checkbox"/> CAHB <input type="checkbox"/> N/A
<input type="checkbox"/> LLC <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other		<input type="checkbox"/> BANN <input type="checkbox"/> HBAT <input type="checkbox"/> Other: _____
		<input type="checkbox"/> BAWN <input type="checkbox"/> WRMBA _____

COVERAGE INFORMATION

LIMITS

EACH OCCURRENCE LIMIT:
GENERAL AGGREGATE LIMIT-
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT:
OPTIONAL - PERSONAL & ADVERTISING INJURY LIMIT
DAMAGE TO PREMISES RENTED BY YOU LIMIT-
MEDICAL EXPENSE LIMIT-

COVERAGE OPTIONS

<input type="checkbox"/>	BLANKET ADDITIONAL INSURED ENDORSEMENT
<input type="checkbox"/>	SCHEDULED ADDITIONAL INSURED ENDORSEMENT* #
<input type="checkbox"/>	WAIVER OF SUBROGATION ENDORSEMENT
<input type="checkbox"/>	EXTENDED COVERAGE ENDORSEMENT
<input type="checkbox"/>	MOBILE EQUIPMENT COVERAGE ENDORSEMENT
<input type="checkbox"/>	AIRCRAFT, WATERCRAFT OR AUTO COVERAGE ENDORSEMENT
<input type="checkbox"/>	HOT TAR COVERAGE ENDORSEMENT
<input type="checkbox"/>	EXPENSE WITHIN LIMITS
<input type="checkbox"/>	CONTINGENT EMPLOYERS LIABILITY ENDORSEMENT
<input type="checkbox"/>	OTHER: _____
*ATTACH SCHEDULE OF ADDITIONAL INSURED	

DEDUCTIBLE/SELF INSURED RETENTION (SIR)

BODILY INJURY & PROPERTY DAMAGE

DEDUCTIBLE-EACH CLAIM

or

SIR

ESTIMATED EXPOSURES (DURING THE PROPOSED POLICY PERIOD)

ESTIMATED GROSS RECEIPTS (EXCLUDING OCIP PROJECTS)	ESTIMATED SUB-CONTRACTING COSTS	ESTIMATED PAYROLL	ESTIMATED NUMBER OF PROJECTS/HOMES	
			STARTING/WORKING	COMPLETING

DURING THE PROPOSED POLICY PERIOD, IDENTIFY THE PERCENTAGE OF WORK TO BE PERFORMED:

RESIDENTIAL: %	COMMERCIAL: %	FOR EACH LINE, THE PERCENTAGE OF WORK MUST EQUAL 100%.
GENERAL CONTRACTOR: %	SUBCONTRACTOR*: %	
NEW CONSTRUCTION: %	REMODEL, REPAIR OR SERVICE: %	
*IDENTIFY ALL TRADES TO BE PERFORMED AS A SUBCONTRACTOR:		

LIST THE 3 LARGEST PROJECTS COMPLETED DURING THE PAST 3 YEARS:

PROJECT NAME	DESCRIPTION/NATURE OF WORK	GROSS RECEIPTS



RENEWAL CONTRACTORS APPLICATION

2859 Paces Ferry Road, 1900 Overlook III
Atlanta, GA 30339
FAX: (760) 836-0166
submissions@nbis.com

LIST THE 3 LARGEST PROJECTS THAT ARE IN PROGRESS OR WILL BE COMPLETED DURING THE PROPOSED POLICY PERIOD:

PROJECT NAME	DESCRIPTION/NATURE OF WORK	GROSS RECEIPTS

Loss Experience:

Any Losses/Claims for the prior 5 years? Yes No

If yes, provide currently valued loss runs:

(INITIALS) **I certify that all information provided in the attached prior full ProBuilder's Contractors Application is current and correct as of the date of this renewal contractors application. I also certify that no changes in operations have occurred other than those indicated in this application.**

No renewal will be bound without the submission of a copy of the prior year's full completed application.
(“APPLICANT”, “YOU”, “YOUR” AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

ATTENTION:

1. THE 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.
2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RESCISSION OF COVERAGE AND DENIAL OF CLAIMS, OR, AT THE OPTION OF THE COMPANY, THE ASSESSMENT OF ADDITIONAL PREMIUM CHARGES. THE APPLICANT REPRESENTS AND WARRANTS TO THE COMPANY THAT, IF A POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT WILL COOPERATE WITH THE COMPANY IN CONNECTION WITH ANY INSPECTION, PREMIUM AUDIT AND IN ALL OTHER RESPECTS AS REQUIRED UNDER THE POLICY.
4. 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 FORM A PART OF SUCH POLICY.
5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION IS INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE APPLICATION AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

NOTICE: A POLICY ISSUED BASED ON THIS APPLICATION WOULD BE ISSUED BY A RISK RETENTION GROUP. A RISK RETENTION GROUP MAY NOT BE SUBJECT TO ALL OF THE INSURANCE LAWS AND REGULATIONS OF YOUR STATE. STATE INSURANCE INSOLVENCY GUARANTY FUNDS ARE NOT AVAILABLE FOR A RISK RETENTION GROUP.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN POLICIES ISSUED BY THE COMPANY VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE COMPANY PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT AVAILABLE UNDER THE “ISO” INSURANCE POLICY OR SIMILAR TYPES OF POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

SIGNATURE OF APPLICANT

DATE

TITLE (OFFICER, MANAGER, PARTNER, OWNER)

SIGNATURE OF BROKER

DATE