

Arkansas Home Builders insurance Program

To properly underwrite this program as set forth by the Arkansas Home Builders Association and Union standard insurance Company, we need the following information in addition to the completed application.

1. A financial statement less than six months old that includes a Balance Sheet, income Statement and a signed Affidavit. Both Balance Sheet and Income statement must be for the same time period. Do not send a tax form, it is not acceptable.
2. Five-year loss history from your insurance company. Your local agent can assist you in getting this information from the company or you can use the enclosed form letter. *Normally your agent can get this information much quicker than using the enclosed form.*
3. A copy of your current insurance policy for all lines of business we are to quote. Request this information from your current agent. See enclosed sample letter to request this information.
4. A copy of your most recent General Liability Audit.
5. Confirmation of your Home Builders Association membership. Have your local Executive Officer complete the enclosed form.

We must have all the above information to provide a quote for your coverage.

If you have any questions, please contact Andrea Johnson at the following numbers.

Office: 870-541-0020

Toll Free: 800-467-0415

Email: ajohnson@fai-Db.com

**Property / Casualty Insurance Program
Home Builders Association**

Company Legal Name: _____

dba or Subsidiary of Company: _____

Address: _____

City, _____ State, _____ Zip _____

Second Location (if any): _____

Phone: _____ Fax: _____, Yr. In Business: _____

Fed ID#: _____ Contact Person: _____

() Individual, () Corporation () Partnership () LLC () Other

Percentage of Work	Type of Work Subcontracted Out
Residential.	1 . - 5 .
Commercial.	2 . - 6 .
Remodeling	
New Construction	3 . -
Repair/Maintenance...	7 .
Subcontracted Out.....	4. 8.

#Housing Starts Past 12 mo. _____

#Housing Starts Planned next 12 mo.. _____

#Spec Housing Starts projected next 12 mo _____

Submit to:

HBA Insurance Services
P.O. Box 8367 •
Pine Bluff, Ar 71611

Phone: 870-541-0020 Fax: 870-535-8318
800-467-0415

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant Signature; _____ **Date:** _____

Producers Signature: _____ **Date:** _____

Sample Only

The Arkansas workers' Compensation Commission requires:

1. Retype this on your letterhead.
2. If your company is incorporated, you must have two officers sign the form'
3. The company name and date of this form must match the name and year-end date on the financial statement it is attached to.

Affidavit

I/We hereby certify the following:

1. The attached financial statements are true and correct to the best of my/our knowledge, and accurately reflects the financial condition of, _____ as of, _____
2. I/We declare there has been no material lessening in the net worth nor significant alteration of the current ratio of _____ as of, _____

President or Sole Owner

Date

Secretary or Treasure

Date

GENERAL LIABILITY

Limit of Liability

Each Occurrence \$

General Aggregate \$

Products/Comp Ops Aggregate \$

Operations

Briefly describe operations_

Describe largest job undertaken in past 12 months

1. In the last 3 years has any company canceled, declined or non-renewed similar coverage for this applicant?..... ()YES ()NO
2. Does applicant draw plans, designs or specifications ? ()YES ()NO
3. Does applicant do any of the following: blasting; dam construction; demolition work; work at heights over 3 stories or 36 feet; LPG work; high-pressure boiler work; refinery work; chemical plant work; power plant work; airport or hospital work; work involving the use of cranes; asbestos related work; high-tech work; pollution testing; or clean-up? ()YES ()NO
4. Is applicant a subsidiary of another entity or does applicant have an }' subsidiary ()YES ()NO
5. Does Applicant loan or rent equipment to others?..... ()YES ()NO
If yes, () with or () without operators?
6. Does applicant obtain certificates of insurance from sub-contractors?.. ()YES ()NO

Loss Information. General Liability List all losses within the past 3 years. If you need additional space, attach a separate sheet

Date of Loss	Amount	Description
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Rating Information (UNINSURED SUBS & EMPLOYEES)

Class	Payroll	Class	Payroll
Landscape Gardening & Dr. Cabinet Works /Power Mach Carpentry		Wallboard/Sheetrock	
Detached Dwelling Electrical Wiring within Bids. Concrete Work		Painting or Paper hanging	
Residence Concrete Floors		Paper hanging Only	
Driveways Plumbing NOC & Drivers		Insulation Work NOC	
Install Cabinet work Interior Trim		Sheet Metal Work	
Heating and Air Conditioning		Roofing All Kinds Tile	
		Work Inside Masonry	
		Executive Supervisor	

Speculative Building Supplemental Information

- 1. Number of Spec Homes built in the last 12 months?*
- 2. Number of Spec Homes expected for the next 12 months?*
- 3. Average number of Spec Homes in progress at any one time?*
- 4. Average square footage of Spec Homes?*
- 5. Average completed value of Spec Homes?*
- 6. Average length of time to sell Spec Homes in last 12 months?*
- 7. Estimate of time to sell similar Spec Homes in next 12 months?*
- 8. Is there any customization of Spec Homes after sale?*
 - a. If yes, please describe the customization.*

Builders Risk

Builders Risk

- New Policy
- Renewal of _

Policy Period From Effective date:

- Monthly Reporting
- Annual Policy
- Monthly Annual Reporting

Named Insured and Mailing Address:

		Reporting Form (Monthly)			Annual (Non - Reporting form Single Structure)
A)	Any one Structure		Property Location_		
)	Property temporarily at any other premises	10,000	A)	Any one Structure	
1)	Property in transit	25,000	B)	Property temporarily at any other premises	\$ 10,000
))	All covered property at all locations			Property in transit	\$ 25,000
:)	Rate	per report	3)	All covered property at all locations (same as A unless otherwise noted)	
)	Premium	per report			
r)	Total Policy Premium	per report		Rate Premium i) Total	
				Policy Premium	

1. Number of homes built/remodeled during the past 12 months 1-10 11 or more
2. Number of homes projected for the next 12 months? 1-10 11 or more
3. Protection Class: 1-8 9 & 10
4. Property located in

State County

SAMPLE LETTER
(Use your letterhead)

Name of Insurance Company
Address

RE: Policy No:
Effective Date of Coverage

Gentlemen:

Please release premium and loss information directly to First Arkansas Insurance, P.O. Box 8367, Pine Bluff, AR, 71611, attention Andrea Johnson in regard to the above Referenced policies.

Sincerely,

Note: Please list all policies numbers and dates for each company that wrote Your coverage and submit letters to each individual carrier.

ARKANSAS HOME BUILDERS ASSOCIATION
Membership Confirmation

This form is required for membership in the Arkansas Home Builders Association Workers Compensation Self Insured Fund and/or the Home Builders Insurance Program, as these Programs are considered a benefit of membership.

The following company

is a member in good standing with the,

Home Builders Association.

HBA EXECUTIVE OFFICER

DATE