



## Builder Conditions

Name and Mailing Address of Applicant:

Builder Experience: \_\_\_\_\_ years | Time in Business: \_\_\_\_\_ | Years of experience: \_\_\_\_\_

-Biggest Past Projects

Completion Date	Value	Cost	Location (address, zip, county)	Description

-Development Types:

- |  |   |
|--|---|
| <input type="checkbox"/> Single Family Detached _____% | <input type="checkbox"/> Condos _____%                  |
| <input type="checkbox"/> Spec Home _____%              | <input type="checkbox"/> Single- Family attached _____% |
| <input type="checkbox"/> 1-4 Unit _____%               | <input type="checkbox"/> Townhomes _____%               |
| <input type="checkbox"/> Duplexes _____%               | <input type="checkbox"/> Other: _____; _____%           |

-Current and Future Projects:

Start	Completion	Value	Cost	Location (address, zip and county)	Description

-Expected future number of projects on going at once? \_\_\_\_\_

Total cost? \$ \_\_\_\_\_

-What is your current financing rate for your projects if any? \_\_\_\_\_%

-Who do you currently use for financing? \_\_\_\_\_

-Have you claimed bankruptcy in the last three (3) years?  Yes |  No



-Do you own the property out right? Yes | No

\*If no, can you explain: \_\_\_\_\_

\*If yes, do you need partial land disbursement?

No Yes (number of lots \_\_\_\_\_ | average amount per property \$\_\_\_\_\_)

-Do you need to develop the land (sewer,water, roads, street lights)? Yes | No

Is the deveopment cost built into the land price? Yes | No

If no, what is the deveopment cost per lot? \$\_\_\_\_\_

- General Liability Insurance

Policy Effective Date (MM/DD/YYYY) \_\_\_\_\_ Experation Date (MM/DD/YYYY)\_\_\_\_\_

Limits

Each occurrence: \$\_\_\_\_\_ Damages to Rented Premisis (each occrence): \$\_\_\_\_\_

Medical Expenses (any one person): \$\_\_\_\_\_ Personal and ADV Injury: \$\_\_\_\_\_

General Aggregate: \$\_\_\_\_\_ Products- Comp/Op AGG: \$\_\_\_\_\_

-Worker's Compensation and Employers' Liability

Policy Effective Date (MM/DD/YYYY) \_\_\_\_\_ Experation Date (MM/DD/YYYY)\_\_\_\_\_

Limits

WC Statutory Limits Other \_\_\_\_\_

E.L. Each Accident: \$\_\_\_\_\_ E.L. Disease- EA Employee: \$\_\_\_\_\_

E.L. Disease – Policy Limit: \$\_\_\_\_\_