

## 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. An annual financial statement dated within ninety days of proposed effective date 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. See enclosed sample.*
3. A copy of your current insurance policy. 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  
Andrea [ajohnson@fai-pb.com](mailto:ajohnson@fai-pb.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 Proposed Eff. Date _____ Proposed Exp. Date _____																															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Percentage of Work</b></td> <td style="width: 50%;"></td> </tr> <tr> <td>Residential.....</td> <td>_____</td> </tr> <tr> <td>Commercial.....</td> <td>_____</td> </tr> <tr> <td>Remodeling.....</td> <td>_____</td> </tr> <tr> <td>New Construction.....</td> <td>_____</td> </tr> <tr> <td>Repair/Maintenance.....</td> <td>_____</td> </tr> <tr> <td>Subcontracted Out.....</td> <td>_____</td> </tr> <tr> <td>#Housing Starts Past 12 mo.</td> <td>_____</td> </tr> <tr> <td>#Housing Starts Planned next 12 mo.</td> <td>_____</td> </tr> <tr> <td>#Spec Housing Starts projected next 12 mo</td> <td>_____</td> </tr> </table>	<b>Percentage of Work</b>		Residential.....	_____	Commercial.....	_____	Remodeling.....	_____	New Construction.....	_____	Repair/Maintenance.....	_____	Subcontracted Out.....	_____	#Housing Starts Past 12 mo.	_____	#Housing Starts Planned next 12 mo.	_____	#Spec Housing Starts projected next 12 mo	_____	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>Type of Work Subcontracted Out</b></td> </tr> <tr> <td>1. _____</td> <td>5. _____</td> </tr> <tr> <td>2. _____</td> <td>6. _____</td> </tr> <tr> <td>3. _____</td> <td>7. _____</td> </tr> <tr> <td>4. _____</td> <td>8. _____</td> </tr> </table>	<b>Type of Work Subcontracted Out</b>		1. _____	5. _____	2. _____	6. _____	3. _____	7. _____	4. _____	8. _____
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Submit to: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 30%;">           HBA Insurance Services            P.O. Box 8367            Pine Bluff, Ar 71611         </div> <div style="width: 40%; text-align: center;">           Phone: 870-541-0020 Fax: 870-535-8318            800-467-0415         </div> </div>																															
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:** \_\_\_\_\_

# GENERAL LIABILITY

<b>Limit of Liability</b>			
Each Occurrence \$ _____		General Aggregate \$ _____	
		Products/Comp Ops Aggregate \$ _____	
<b>Operations</b>			
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 any subsidiary		( ) YES ( ) NO	
5. Does Applicant loan or rent equipment to others?..... If yes, ( ) with or ( ) without operators?		( ) YES ( ) NO	
6. Does applicant obtain certificates of insurance from sub-contractors?.....		( ) YES ( ) NO	
<b>Loss Information. General Liability</b> List all losses within the past 3 years. If you need additional space, attach a separate sheet			
<b>Date of Loss</b>	<b>Amount</b>	<b>Description</b>	
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
<b>Rating Information (UNINSURED SUBS &amp; EMPLOYEES )</b>			
<b>Class</b>	<b>Payroll</b>	<b>Class</b>	<b>Payroll</b>
Landscape Gardening & Dr.	_____	Wallboard/Sheetrock	_____
Cabinet Works /Power Mach	_____	Painting or Paper hanging	_____
Carpentry Detached Dwelling	_____	Paper hanging Only	_____
Electrical Wiring within Blds.	_____	Insulation Work NOC	_____
Concrete Work Residence	_____	Sheet Metal Work	_____
Concrete Floors Driveways	_____	Roofing All Kinds	_____
Plumbing NOC & Drivers	_____	Tile Work Inside	_____
Install Cabinet work Interior Trim	_____	Masonry	_____
Heating and Air Conditioning	_____	Executive Supervisor	_____
<b>Insured Subcontracted Cost: \$</b> _____			

**Inland marine:**

<b>Scheduled Equipment:</b>		Deductible _____	Cause of Loss _____
Item		Model #	Value
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
_____		_____	_____
<b>Tools / Unscheduled</b> Limit: \$ _____    Co-Ins _____ %    Deductible \$ _____			
<b>Loss Information.</b> List all losses within the past 3 years. If you need additional space, attach a separate sheet.			
<b>Date of Loss</b>	<b>Amount</b>	<b>Description</b>	
_____	_____	_____	
_____	_____	_____	
<b>Loss Payee</b>			

# 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 _____	
B) Property temporarily at any other premises	\$ 10,000		
C) Property in transit	\$ 25,000	A) Any one Structure	\$ _____
D) All covered property at all locations	\$ _____	B) Property temporarily at any other premises	\$ 10,000
E) Rate	per report	C) Property in transit	\$ 25,000
F) Premium	per report	D) All covered property at all locations ( same as A unless otherwise noted)	\$ _____
G) <b>Total Policy Premium</b>	<b>per report</b>	E) Rate	\$ _____
		F) Premium	\$ _____
		H) <b>Total Policy Premium</b>	\$ _____

- Number of homes built / remodeled during the past 12 months  1-10  11 or more
- Number of homes projected for the next 12 months?  1-10  11 or more
- Protection Class:  1-8  9 & 10
- Property located in \_\_\_\_\_ State \_\_\_\_\_ County
- Loss experience for the last 3 years? Indicate cause of loss for any claim over \$5,000.  none

**do not leave blank**

## 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.*

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# 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

**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