

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 occurrence): \$_____

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: \$_____