



Thomas-Fenner-Woods Agency, Inc.

"Your Construction Industry Insurance Resource"

In order to obtain a quote for the liability and builder's risk exposures, please complete the information on the following pages and fax to Thomas-Fenner-Woods at 614.481.4301 or e-mail to info@tfwinsurance.com.

This is not an inclusive application and more information may be needed. This is the initial step in the process of securing the most competitive quote in your geographic area.

Legal Name of Developer: _____

Names of Owners of Development Company and % of ownership:

Circle One: Individual Partnership Corporation LLC Other, explain:

Are you, as the Developer, also the General Contractor? Yes or No

If no, please provide name and address of General Contractor:

How many owners will be involved with direct supervision of the construction activities?

Mailing Address of Developer? Please provide complete address. (Number, Street, City, State, Zip Code)

Phone: _____ Fax: _____

E-mail: _____

Website _____

Contact Person (s): _____

Office Address (same as mailing address unless otherwise stated):

Square Foot Area of Office: _____

Construction Type of Office (brick, frame, etc): _____

Purchase Date of Land: _____ # of Acres: _____

Estimated Annual **Payrolls** for:

Employees:

Construction Supervisors & Managers: _____

Any Incidental Laborers: _____

Estimated Cost of Subcontractors (Labor and Materials Supplied) for the **Entire Project**: **Do Not include Site Work here.** Separate question below.

(If you send us a copy of your pro forma spread sheet, we can assist you in calculating this cost)

First year costs may be higher due to more site work. Include sub cost estimate for site work _____

Advise # of Units you plan to build in the 1st year _____

Will a "Subdivision Bond" Be Required? _____

Working Name of Development (project entity):

Name of Condominium Association (If this is "to be determined," we must have this information as soon as it is available): _____

Date Association Was Formed: _____

(*Send complete copy of Bylaws and Declarations as soon as they become available.)

Location of Development: (Street, City, County, State, Zip Code)

Number of Buildings in Development (exclude community house):

Number of 2-unit Buildings: _____

Number of 4-unit Buildings: _____

Number of Detached Buildings: _____

Number of Total Units in Development: _____

Number of Community Houses: _____

Number of Pools: _____

Number of Ponds: _____

Please List Any Other Amenities Being Provided (i.e. putting greens, barbeque areas, bridges, dock slips, etc.)

Completed Building Values

Do Not Include: Site Work, Streets, Roads, Sewers, etc. Pool, Furnishings, Landscaping, Land, Fees, Marketing or other Soft Costs.

Your Replacement Cost for the Community House: _____

Your Replacement Cost per 4-Unit Building: _____

Your Replacement Cost per 2-Unit Building: _____

Your Replacement Cost per Detached Building: _____

Average Square Footage per unit: _____

Approximate Replacement Cost for Personal Property in Community House (Includes but not limited to: furniture, health equipment, and non built-in appliances)

Anticipated Start Date of Project (date excavation begins): _____

Estimated Completion Date of Project: _____

Is there any audit done by (choose one of the following)

CPA Public Accountant Staff Other

If other, explain here: _____

Audit Frequency (choose one of the following)

Annual Semi Annual Quarterly Other

If other, explain here: _____

Does audit include Inventory? Yes or No

Audit report rendered to whom – Choose one

Board of Directors Owners Partners Other

If other, explain here: _____

Are bank accounts reconciled by someone not authorized to deposit or withdraw? Yes or No

Is countersignature of checks required? Yes or No

If not, who signs controls? _____

Special Instructions or Comments for Agent:

*** You have now completed the initial information that is required to start the marketing process. Again, we will probably need additional items. This is dependent upon the markets available to use in your geographic area.**

*** If you do need Worker's Compensation, please also complete the following page**