

Builder/Developer Questionnaire

Underwritten by The Hanover Insurance Company

NOTICE: THIS QUESTIONNAIRE IS FOR A CLAIMS-MADE AND REPORTED POLICY. SUBJECT TO ITS TERMS, THIS POLICY WILL APPLY ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED AND REPORTED TO THE INSURER DURING THE POLICY PERIOD OR ANY EXTENDED REPORTING PERIOD THAT MAY APPLY. PLEASE READ THE POLICY CAREFULLY TO DETERMINE RIGHTS, DUTIES, COVERAGE AND COVERAGE RESTRICTIONS.

INSTRUCTIONS

Whenever used in this questionnaire, the term **Applicant** shall mean the **Named Insured** proposed for insurance, and **You** or **Your(s)** shall mean the persons, entities and subsidiaries, proposed for insurance unless otherwise stated.

GENERAL INFORMATION

1. Full Legal Name of **Applicant** (include all firm names, franchise affiliations, trading names and DBAs under which the **Applicant** operates):

2. Does the **Applicant** fully disclose any builder or developer relationship in writing to the buyer? Yes No
3. Provide the following information for each builder or developer **You** represent: *(Please use separate sheet if extra space is needed.)*

Complete name of the builder/developer and the name of the development, project or subdivision	# of years with B/D?	Do any of You have ownership interest in this entity or project?	# of transaction anticipated under agreement?		Applicant's Gross Commissions from these transactions?		Highest Transaction Value	Average Transaction value	Percentage of transactions acting as Dual Agent
			Prior fiscal Year?	Estimated?	Prior fiscal Estimated? Year?	Estimated?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							
		<input type="checkbox"/> Yes <input type="checkbox"/> No							

4. Does the **Applicant** serve as an on-site agent for any builder or developer?

Yes No

The undersigned, acting on behalf of all Applicants, declares that the statements above are true and complete, that thorough efforts were made to obtain requested information from all persons to be insured, no facts have been suppressed or misstated, and I/we understand that this supplement becomes part of the application.

Date

Signature / Title

(mm/dd/yyyy)

(Chief Executive Officer, President, Financial Officer, Managing Partner or Owner)

(mm/dd/yyyy)

(Print Name and Title)

A POLICY CANNOT BE ISSUED UNLESS THE "QUESTIONNAIRE" IS PROPERLY SIGNED AND DATED.

Please submit this "Questionnaire" including appropriate documentation to your agent.