



CONSTRUCTION SERVICES APPLICATION

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|--|--|--|--|--|
| APPLICANT'S INSTRUCTIONS: | | | | |
| 1) ANSWER ALL QUESTIONS. IF THE ANSWER TO ANY QUESTION IS NONE, PLEASE STATE NONE. | | | | |
| 2) APPLICATION MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER. | | | | |
| 3) BROCHURES, COPIES OF GUARANTEES, WARRANTIES AND HOLD HARMLESS AGREEMENTS FURNISHED BY THE NAMED INSUREDS SHOULD ACCOMPANY THE APPLICATION. | | | | |
| 4) THE LATEST 10K AND 10Q, OR IF A PRIVATELY HELD BUSINESS, LATEST AUDITED FINANCIAL STATEMENT AND LATEST QUARTER INCOME REPORT SHOULD BE FURNISHED. | | | | |

| | | | | |
|-------------------------|--------------------|------------------|-----------------------|--------------------|
| Producer: | | | Producer code: | |
| Street address: | City/State: | Zip code: | Phone number: | Fax number: |
| Mailing address: | | | Email address: | |

APPLICANT INFORMATION

| | | | | |
|--|---------------------|------------------|--|--------------------|
| NAME (First Named Insured and other named Insureds): | | | | |
| Street address: | City / State | Zip code: | Phone number: | Fax number: |
| Mailing address (of first named insured): | | | Web address: | |
| Applicant operates as an: | | | | |
| <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (Describe): | | | | |
| Inspection (contact/phone): | | | Accounting records (contact/phone): | |

COVERAGE REQUESTED

| | | | |
|---|----|-------------------------|-----------|
| Effective date: | | Expiration date: | |
| Limits of Insurance: | | | |
| General aggregate: | \$ | _____ | |
| Products and completed operations aggregate: | \$ | _____ | |
| Each occurrence: | \$ | _____ | |
| Personal injury and advertising limit: | \$ | _____ | |
| Damage to Premises rented to you (any one fire): | \$ | _____ | |
| Self-insured retention (per occurrence or per claim): | \$ | _____ | Per Claim |
| Deductible (per occurrence or per claim): | \$ | _____ | Per Claim |

COMPANY HISTORY

Number of years in business:

Number of years experience as contractor:

Is applicant a subsidiary of another entity? Yes No

If yes, please provide details:

Does applicant have any subsidiaries or related entities not listed above? Yes No

If yes, please provide details:

Have there been any mergers/acquisitions, consolidations or divestitures? Yes No

If yes, please describe your obligations for past, present & future liabilities:

Has this account ever operated under a different name: Yes No

If yes, please attach complete list of prior names and addresses:

Is this account new to your office? Yes No

If account is not new, indicate number of years controlled by your office?

Complete description of all operations:

What is the maximum height work performed above grade in the past three (3) years?

What is the maximum depth work performed below grade in past three (3) years?

REVENUES

Estimated gross annual:

Direct payroll \$ _____ Contract Costs \$ _____ Gross Receipts \$ _____

| Prior Years | Direct Payroll | Contract Costs | Gross Receipts |
|-------------|----------------|----------------|----------------|
| 200_ | \$ | \$ | \$ |
| 200_ | \$ | \$ | \$ |
| 200_ | \$ | \$ | \$ |

Indicate the percentage of work completed by this contractor when operating as a:

Prime contractor: _____% General contractor: _____% Subcontractor: _____%

Indicate the percentage of construction work performed by you:

New construction: _____% Commercial: _____% Inside building: _____%
 Remodeling: _____% Residential: _____% Outside building: _____%

Using percentage of payroll (under direct) and percentage of contract costs (under subbed), indicate the anticipated percentage of construction you will perform over the next 12 months:

| | <u>% DIRECT</u> | <u>% SUBBED</u> | | <u>% DIRECT</u> | <u>% SUBBED</u> |
|-------------------------|-----------------|-----------------|----------------------------|-----------------|-----------------|
| Blasting | | | Mechanical | | |
| Bridge building | | | Painting | | |
| Carpentry | | | Plastering | | |
| Concrete | | | Plumbing | | |
| Demolition | | | Roofing | | |
| Drilling | | | Seismic retrofitting | | |
| Earthquake repair | | | Sewer | | |
| Electrical | | | Steel / structural | | |
| Excavation | | | Steel / ornamental | | |
| Grading | | | Street / road | | |
| Insulation | | | Supervisory only | | |
| Maintenance | | | Water / gas mains | | |
| Masonry | | | Other (describe): | | |

Do you have any specialty contractor licenses? Please list.

GENERAL INFORMATION I

Number and / or percentage and type of temporary, part-time or seasonal employees:

Temporary: _____ Part-time: _____ Seasonal: _____

When hiring subcontractors, does contractor:

- Obtain certificates of insurance? Yes No
- Obtain waivers of subrogation? Yes No
- Obtain hold harmless agreements? Yes No
- Sign or enter subcontracts or performance contracts with subs? Yes No
- Require to be named as an additional insured on the sub policies? Yes No
- Are all hired subcontractors required to carry workers compensation coverage? Yes No
- Do you rely on a hiring hall for your source of labor? If yes, number or %: Yes No
- Do you normally employ the same subcontractors? If yes, number or %: Yes No

When operating as a subcontractor, does contractor:

- List others as additional Insureds on their policies? Yes No
- Enter hold harmless agreements? Yes No
- Sign waivers of subrogation? Yes No
- Sign or enter subcontracts or performance contracts with GC's? Yes No

Over the past twelve months, has contractor participated in any:

- Joint Ventures? Yes No
- Wrap-ups? Yes No
- Construction Management Projects? Yes No

If any of the above has been answered 'yes', attach a complete list of all such projects.

Describe any significant projects (accounting for more than 10% of total revenue any one year) which you have performed during the past five years:

1. _____
2. _____
3. _____
4. _____
5. _____

Please indicate the number of jobs the contractor has:

Ongoing at the present time: _____
 Completed in the past twelve months: _____

List current projects or those scheduled to commence over the next twelve months (Attach additional paper if necessary):

| Location | Type | Start Date | End Date | Hard Costs | Soft Costs |
|----------|------|------------|----------|------------|------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Does Contractor ever hire:

- Temporary Employees? Yes No
- Part Time Employees? Yes No
- Seasonal Employees? Yes No

If any of the above have been answered 'yes', attach a complete explanation including reasons and sources for hiring

GENERAL INFORMATION I - Continued

Does Contractor engage in any work requiring:

- Bid Bonds? Yes No
- Performance Bonds? Yes No
- Does your office control the Surety portion of this account? Yes No
- Does Contractor engage in any work outside of the U.S.? Yes No

List all States within which the Contractor operates, and the percent of work performed in each state:

| State | % of Total | License # | State | % of Total | License # |
|-------|------------|-----------|-------|------------|-----------|
| | | | | | |
| | | | | | |
| | | | | | |

- Is Contractor involved in engineering or architectural design? Yes No
- Does Contractor lease any equipment from other sources? Yes No
- If equipment is leased, is it leased with or without operators? w/ operators w/o operators

GENERAL INFORMATION II

- Does Contractor ever lease its own equipment to others? Yes No
- If equipment is leased, indicate percentage of: With Operators: ____% Without Operators: ____%
- Does Contractor ever operate within 50' of a railroad? Yes No
- Have you worked or will you or your employees work under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act? Yes No
- Have you been involved or will you or your subcontractors be involved in any removal of asbestos, lead, PCB's or other hazardous materials? Yes No
- Removal or work on fuel tanks or pipelines? Yes No
- Percentage of work performed inside or outside above 6 feet: ____
- If you are a roofing contractor or otherwise perform roofing work, what percentage of operations are:
Hot Tar ____% Foam Application ____% Four Stories + ____% N/A ____%
- Have you performed or will you allow your license to be used by any other contractor for a project on which you've worked? Yes No
- Has any licensing authority taken any action against you? Yes No
- Have you built or will you build on hillsides, terraces, landfills, or subsidence areas? Yes No
- If yes, please explain: _____
- Have you / or any subcontractors been involved with blasting operations or hazardous or unusual activity? Yes No
- If yes, please explain: _____
- Have you built or will you build / construct buildings or other structures in excess of three (3) stories? Yes No
- Have you been involved or will you be involved in the management of the same? Yes No
- If yes, please explain: _____
- Has your work involved or will it involve systems that provide:
Medical and/or Industrial life support; process piping? Yes No
- Do you work on dams / levees? Yes No
- If yes, please explain: _____
- Do you have operations other than contracting? Yes No
- Are these operations covered by insurance? Yes No
- If yes, please explain: _____
- Do you or will you have a written formal safety program in place? Yes No
- Has / will any of your work involve the construction of, or be for, condominiums, town homes or apartments? Yes No
- If yes, is the work new construction? Yes No
- Repair only? Yes No
- Any tract homes? (If yes, maximum number of homes in tract: ____) Yes No
- During the past five years, has any insurer ever cancelled, declined, or refused to issue a similar insurance to applicant? Yes No
- If yes, please explain: _____
- Has any lawsuit ever been filed or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company, or entities on whose behalf your company has assumed liability? Yes No
- If yes, please explain: _____

GENERAL INFORMATION II Continued

| | |
|--|--|
| Is your company aware of any facts, circumstances, incidents, situations damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) or indirectly involve the company? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: | |
| Is contractor involved in or aware of any claim, action or litigation concerning construction defects regarding either their work of that of a partner of hired sub? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Contractor engage in any operations, involving exterior insulation and finishing systems? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Contractor engage in any operations, either directly or as a subcontractor, involving municipal, state or federal contracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does Contractor handle, dispose of, or use any chemicals, solvents or any known pollutant in the course of its operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you had any pollutions losses? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you interested in Contractors Pollution Liability Coverage? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever applied EIFS or Synthetic Stucco? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you subbed out the application of EIFS or Synthetic Stucco? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you provide written warranties for you work? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

PRIOR CARRIER INFORMATION (List last 5 years)

GENERAL LIABILITY:

| | YEAR _____ | YEAR _____ | YEAR _____ | YEAR _____ | YEAR _____ |
|------------------------------|--|--|--|--|--|
| Carrier | | | | | |
| Policy no. | | | | | |
| Policy type | <input type="checkbox"/> CM <input type="checkbox"/> OCC | <input type="checkbox"/> CM <input type="checkbox"/> OCC | <input type="checkbox"/> CM <input type="checkbox"/> OCC | <input type="checkbox"/> CM <input type="checkbox"/> OCC | <input type="checkbox"/> CM <input type="checkbox"/> OCC |
| Retroactive date | | | | | |
| Policy limits: Occurrence | | | | | |
| Gen. Aggregate | | | | | |
| Premium | | | | | |
| Sir or Deductible | | | | | |
| Expense within policy limit? | <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 | <input type="checkbox"/> YES <input type="checkbox"/> NO |

WORKERS' COMPENSATION:

| | | | | |
|-------------------|--|--|--|--|
| Carrier | | | | |
| Policy no. | | | | |
| Premium | | | | |
| Sir or Deductible | | | | |

Has any insurer ever cancelled, restricted or refused to renew your policy or any coverage in the past 5 years? Yes No

If yes, please explain:

Has any product, work, accident or location been excluded, uninsured or self-insured from any previous coverage? Yes No

If yes, please explain:

CLAIMS HISTORY

Current plus last five years (currently valued hard copy loss runs)

Total aggregates losses, including defense costs:

| Policy period | No. of Claims | Total amounts paid | | Amounts in reserve | | Valuation Date |
|---------------|---------------|--------------------|---------|--------------------|---------|----------------|
| | | Indemnity | Expense | Indemnity | Expense | |
| | | | | | | |
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Describe individual losses, valued \$25,000 or more, including defense costs:

Are you aware of any other occurrences, incidents, conditions, defects or suspected defects that may result in claims against you? Yes No

If yes, give details:

Current workers compensation mod and description of any "action over" claims:

Please attach workers' compensation loss runs including previous five years.

FRAUD WARNING

NOTICE TO ARKANSAS APPLICANTS: Any person who knowingly presents a false fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO CALIFORNIA APPLICANTS: Pursuant to California Insurance Law, Sec. 1623, this application for insurance is being submitted by an insurance broker who is acting on behalf of an insured.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete or misleading facts or information to a policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement or claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.

NOTICE TO HAWAII APPLICANTS: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment or both.

NOTICE TO KENTUCKY APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other 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.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company, penalties may include imprisonment, fines or denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitation a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

NOTICE TO MINNESOTA APPLICANTS: A person who submits an application or files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

NOTICE TO NEW JERSEY APPLICANTS: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

NOTICE TO NEW MEXICO APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

NOTICE TO NEW YORK APPLICANTS: Any person who knowingly and with intent to defraud an insurance company or other person files an application for insurance or statement of claim 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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

NOTICE TO OHIO APPLICANTS: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

NOTICE TO OKLAHOMA APPLICANTS: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes a any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

NOTICE TO OREGON APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO PENNSYLVANIA APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of a claim 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.

NOTICE TO TENNESSEE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO TEXAS APPLICANTS: Any person who makes an intentional misstatement that is material to the risk may be found guilty of insurance fraud by a court of law.

NOTICE TO VIRGINIA APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NOTICE TO ALL OTHER STATE APPLICANTS: Any person who knowingly includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

The applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage. Applicant's acceptance of the company's quotation is required prior to binding coverage and policy issuance.

All written statements and materials furnished to the company in conjunction with this application are hereby incorporated by reference into this application and made a part hereof.

Applicant: _____ Title: _____

Applicant's Signature: _____ Date: _____

Agent / Broker Name: _____

The applicant further acknowledges that the answers provided herein are based on a reasonable inquiry and/or investigation.