

### AGENT INFORMATION

Agency: \_\_\_\_\_  
 Agent Name: \_\_\_\_\_

### COMPANY INFORMATION

Principal Officer: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, St Zip \_\_\_\_\_  
 Mailing (if different): \_\_\_\_\_ City, St Zip \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Principal Email: \_\_\_\_\_  
 License #: \_\_\_\_\_ Yrs in Business: \_\_\_\_\_ Yrs Experience: \_\_\_\_\_

### COMPANY OPERATIONS

Business Description: \_\_\_\_\_

#### TYPE OF WORK PERFORMED

Do you perform structural work?  Yes  No (If yes you must use the structural rating sheet)  
 Remodeling/Repair  Yes  No      New Construction  Yes  No  
 Residential  Yes  No      Commercial  Yes  No

### ESTIMATED EXPOSURE

Total Gross Receipts \$ \_\_\_\_\_ Subcontractor Costs \$ \_\_\_\_\_  
 Total Payroll \$ \_\_\_\_\_ Number of Employees : \_\_\_\_\_ Owner + \_\_\_\_\_

### OPERATING PROCEDURES

Has any licensing authority taken any action against you, your company or any affiliates?  Yes  No  
 If yes, explain: \_\_\_\_\_

Have you allowed or will you allow your license to be used by any other contractor?  Yes  No  
 If yes, explain: \_\_\_\_\_

Has any lawsuit ever been filed, or any claim otherwise been made against your company of 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: \_\_\_\_\_

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) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company?  Yes  No  
 If yes, please explain: \_\_\_\_\_

### IF YOU USE SUBCONTRACTORS

Do you use subcontractors? (if yes, answer the following questions)  Yes  No  
 Do you always collect certificates of insurance from sub-contractors?  Yes  No  
 Do you require subcontractors to have insurance limits equal to your own?  Yes  No  
 Do you always require sub-contractors to name you as additional insured?  Yes  No  
 Do you have a standard formal written contract with sub-contractors?  Yes  No  
 If yes, does it have a hold harmless/indemnification agreement in your favor?  Yes  No  
 Do you require sub-contractors to carry Worker's Compensation?  Yes  No  
 Do you sub less than 50% of your work?  Yes  No

INSURED SIGNATURE \_\_\_\_\_

### WARRANTY

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary. INITIAL \_\_\_\_\_

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company. INITIAL \_\_\_\_\_

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy and any false information provided on this application will result in the nullification of such policy. INITIAL \_\_\_\_\_

**Policy Exclusions/(Sub Limits)** include but are not limited to E.I.F.S, Contractual liability, professional liability, liquor liability, employment related practices, asbestos, fungi/bacteria, lead contamination, concrete sulfates, earth movement/subsidence, punitive or exemplary damages, demolition, subcontracted work, cross suit, abuse or molestation, retaining walls, total pollution; the use of, storage of or disposal of oil paints, lacquers, liquids, or related items that may lead to, promote, contribute to combustion/fire (\$25,000 max sub limit); assault and battery, communicable disease, prior acts, pending litigations, work not disclosed on this application such as structural work and plumbing will be excluded, CCA, wrap-up work, (open flame, hot tar, torch down and torch on include a \$25,000 max sublimit for combustion that causes BI/PD), welding (\$25,000 max sub limit in connection with torch work), use of heating devices not disclosed on plumbing rate sheet, waiver of subrogation, primary wording, coverage for acts of terrorism, schools/recreational, tract home developments, condominiums, townhomes, HOA, roofing operations, excavation, pool construction, concrete pouring & foundations, metal erection (structural). **\*\*Plastering, pressure washing, tree trimming and framing on underwriting approval only.** INITIAL \_\_\_\_\_

\*\*\*Unlicensed Applicants, if approved for binding, must comply with state licensing board regulations; any projects that do not meet state specified regulations will be afforded no coverage under the policy. INITIAL \_\_\_\_\_

The insurance policy being applied for is through Preferred Contractors Insurance Company, RRG with an aggregate limit of \$5,000,000.00 that is shared amongst all members of each homogeneous PCA group. The coverage is Commercial General Liability -ISO Commercial General Liability coverage form No. CG 00 01 12 04 including the Manifestation Occurrence Endorsement No 2. INITIAL \_\_\_\_\_

During the last five (5) years, I/we warrant that with respect to the insurance being applied for that I/We have not sustained a loss; have not had a claim made against us; have not been denied coverage or had coverage canceled by an insurance company; and have no knowledge or a reason to anticipate a claims or loss. If my business is less than five (5) years old, the above referenced warranty applies to work performed through all my prior business entities whether as an owner or an employee. I/we understand that this warranty will be incorporated into the insurance contract. INITIAL \_\_\_\_\_

Warranty: The purpose of this application is to assist in the underwriting process information contained herein is specifically relied upon in determination of insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief. This no loss letter shall be the basis of any insurance that may be issued and will be a part of such policy. It is understood that any misrepresentation or omission shall constitute grounds for immediate cancellation of coverage and denial of claims, if any. It is further understood that the applicant and or affiliated company is under a continuing obligation to immediately notify his/her underwriter through his/her broker of any material alteration of the information given. The applicant understands that the broker has no authority to act on behalf of the insurance company.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Pay in Full

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Finance

Signature of Producer (Agent or Broker): \_\_\_\_\_