

7. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason:

8. Percent of your work performed by or on behalf of the named insured:

a. New Construction: % Remodeling*: % Repairs: % = 100%
 b. Outside Building: % Inside Building: % = 100%

****Provide complete description of type of remodeling the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, etc.):***

9. Do you use subcontractors? Yes No If yes:

a. Do you request certificates of insurance from subcontractors? Yes No

b. Limits required:

c. Describe all contracts and/or hold harmless agreements, whether written or oral:

10. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

11. Provide the following information: **exclude payroll of owner(s), clerical, sales*

Year	*Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est.				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

	Yes	No
12. Do you draw plans, designs or specifications?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you do excavation, tunneling, underground work or earth moving?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you perform operations that include blasting or utilize explosive material?	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you rent or loan machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you ever sold, acquired, or discontinued any operations in the last 5 years?	<input type="checkbox"/>	<input type="checkbox"/>
17. Attach a list of jobs completed in the last 3 years and jobs currently in progress.		

COMMENTS/EXPLANATIONS

COVERAGES/LIMITS

<input type="checkbox"/> Premises Operations	\$ _____	General Aggregate
<input type="checkbox"/> Products-Completed Operations	\$ _____	Products/Completed Operations Aggregate
<input type="checkbox"/> Personal and Advertising Injury	\$ _____	Personal and Advertising Injury
<input type="checkbox"/> Contractual Liability	\$ _____	Each Occurrence
<input type="checkbox"/> Damage to Premises Rented to You	\$ _____	Damage to Premises Rented to You
<input type="checkbox"/> Medical Payments	\$ _____	Medical Payments
Annual payroll: _____	Gross sales: _____	
# of employees: _____	# of owners: _____	

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED