

PRODUCER: _____ PHONE: _____ FAX: _____

APPLICANT NAME: _____ CONTACT: _____

CONTRACTOR'S LIC #: _____ PHONE: _____ YEARS IN BUSINESS: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

ENTITY IS: INDIVIDUAL PARTNERSHIP JOINT VENTURE CORPORATION OTHER: _____

DESCRIBE APPLICANT'S EXACT OPERATIONS: _____

WHAT PERCENT OF WORK (GROSS RECEIPTS) IS/ARE: (EACH LINE MUST = 100%)

RESIDENTIAL: _____ % VS. COMMERCIAL: _____ %

NEW CONSTRUCTION: _____ % VS. REMODELING: _____ % VS. REPAIR: _____ %

ANY STRUCTURAL WORK? (DESCRIBE): _____

PERFORMED FOR OTHER CONTRACTORS: _____ % VS. FOR PROPERTY OWNERS: _____ %

SUBCONTRACTED: _____ % TYPE OF WORK SUBCONTRACTED: _____

NUMBER OF ACTIVE OWNERS: _____ NUMBER OF EMPLOYEES: FULL TIME: _____ PART TIME: _____

ESTIMATED LABOR-EMPLOYEE PAYROLL FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

ESTIMATED RECEIPTS FOR THIS TERM/YEAR: _____ PAST TERM/YEAR: _____

DESCRIBE THREE LARGEST JOBS, WHO THE JOB WAS DONE FOR AND PRICE IN THE PAST YEAR:

LIABILITY COVERAGE DESIRED: _____

PRIOR CARRIER(S), DATE(S) AND PREMIUMS: _____

LOSS HISTORY: HAVE THERE BEEN ANY CLAIMS IN PAST 5 YEARS? YES NO

(IF YES PLEASE ATTACH 5 YEARS LOSS HISTORY & DETAIL IN COMMENTS BELOW) CLAIM DATE(S): _____

OTHER COVERAGE DESIRED: _____

ANSWER YES OR NO TO EACH OF THE FOLLOWING (Comment on all YES answers):

- ARE CERTIFICATES OF INSURANCE OBTAINED FROM SUBCONTRACTORS? YES NO
- DOES APPLICANT DO WORK ON NEW CONDO, APARTMENT OR TRACT-HOME PROJECTS? YES NO
- DOES APPLICANT DO WORK ON NEW SINGLE-FAMILY HOME PROJECTS? YES NO
- HAS APPLICANT EVER OPERATED AS A GENERAL CONTRACTOR? YES NO
- DOES APPLICANT PREPARE PLANS, DESIGNS OR SPECIFICATIONS? YES NO
- DOES APPLICANT EVER LOAN, LEASE OR RENT ANY EQUIPMENT TO OTHERS? YES NO
- DOES APPLICANT EVER BORROW, LEASE OR RENT ANY EQUIPMENT FROM OTHERS? YES NO

COMMENTS: _____

APPLICANT / PRODUCER SIGNATURE: _____ DATE: _____