

Have any operations been sold, acquired or discontinued in the last 5 years?

Any bankruptcies, tax or credit liens against the applicant in the past 5 years?

Does applicant have any completed or planned construction in AK, AZ, CA, HI or NV?

Does applicant use subcontractors

If yes - Amount paid to subcontractors in the prior years

Is there a requirement that the applicant be held harmless and indemnified for loss and defense costs caused by the work of subcontractors?

Does applicant obtain and keep a file of Certificates of insurance for General Liability for all subcontractors?

Are subcontractors required to show applicant as additional insured on the sub's general liability policy?

Do subcontractors carry General Liability limits less than the applicant?

Has applicant ever been involved in construction or condominiums, apartments or tract housing?

Does applicant rent or lease equipment to others?

Does applicant do any sprinkler installation or insulation work?

Do any operations involve exterior work above 3 stories?

Does applicant get involved in work at airports or governmental buildings?

Does applicant or applicant's subcontractors currently install, or have they ever installed, exterior insulation and finish systems (EFIS)?

Does applicant or applicant's subcontractors currently remove or have they ever removed any asbestos or asbestos products?

Is applicant involved with excavation, tunneling, underground work or earth moving?

Is applicant involved in any demolition work?

Do any operations include blasting or utilize or store explosive materials?

Does applicant now or did applicant in the past employ licensed architects or engineers who stamp drawing?

Building Limit (0-9,000,000)

Contents Limit (0-9,000,000)

Actual cash value or replacement cost coverage?

Deductible

Co-insurance

Building Sq Ft

Sq Ft occupied by Applicant

Year of original construction

Construction type

Number of stories

Is the building fully protected by a fire sprinkler system?

Is there a safe on premises?

Central station monitored burglar alarm system?

Additional Insured

Of building lessors

of equipment lessors

of vendors

Designated persons or organizations

Are there any other occupancies in the applicant's building engaged in manufacturing or processing operations?

What percentage (if any) of vacancies exist in the applicants building?

Year roof renovated or replaced

Has roofing integrity been verified by a licensed roofing contractor within the last 5 years?

Year electrical renovated or replaced

Has electrical integrity been verified by a licensed electrical contractor within the last 5 years?

Year heating system renovated or replaced

Has heating system integrity been verified by a licensed heating system contractor within the last 5 years?

Year plumbing renovated or replaced

Has plumbing integrity been verified by a licensed plumbing contractor within the last 5 years?

Does applicant have owned autos that are insured on another policy?

Do over 50% of employees use their autos in the business?

If yes explain

Number of Hired and Non-Owned Auto losses in the last 3 years

Number of employees for Non-Owned

Annual Hired Auto Expenditure

Scheduled equipment limit (each piece \$1,001 or more in value)

Scheduled equipment deductible

Unscheduled tools limit (no single item valued more than \$1,000)

Unscheduled tools deductible

Number of Property/Inland Marine Losses in the last 3 years

This application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FALES AN APPLPICATION 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 SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, OH, OK, OR or VT; In DC, LA, ME and VA insurance benefits may also be denied)

AGENTS SIGNATURE _____ DATE _____

INSUREDS SIGNATURE _____ DATE _____