

| AGENT INFORMATION | |
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| Agency: | _____ |
| Agent Name: | _____ |
| COMPANY INFORMATION | |
| Principal Officer: | _____ |
| Company Name: | _____ |
| DBA (if applicable): | _____ Effective Date: _____ |
| Address: | _____ |
| City, St Zip | _____ |
| Mailing (if different): | _____ City, St Zip _____ |
| Phone: | _____ Fax: _____ |
| Principal Email: | _____ |
| License #: | _____ Yrs in Business: _____ Yrs Experience: _____ |
| COMPANY OPERATIONS | |
| Business Class / Description: | _____ |
| TYPE OF WORK PERFORMED | |
| Remodeling/Repair | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Residential | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| New Construction | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Commercial | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| ESTIMATED EXPOSURE | |
| Total Gross Receipts | \$ _____ Subcontractor Costs \$ _____ |
| OPERATING PROCEDURES | |
| Has any licensing authority taken any action against you, your company or any affiliates? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, explain: _____ | |
| Have you allowed or will you allow your license to be used by any other contractor? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, please explain: _____ | |
| IF YOU USE SUBCONTRACTORS | |
| Do you use subcontractors? (if yes, answer the following questions) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you always collect certificates of insurance from sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require subcontractors to have insurance limits equal to your own? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you always require sub-contractors to name you as additional insured? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have a standard formal written contract with sub-contractors? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes, does it have a hold harmless/indemnification agreement in your favor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you require sub-contractors to carry Worker's Compensation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you sub-out more than 51% of your work? | <input type="checkbox"/> Yes <input type="checkbox"/> 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 Application 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, silica and formaldehyde contamination, concrete sulfates, earth movement/subsidence, punitive or exemplary damages, demolition, sandblasting, subcontracted work, cross suit, abuse or molestation, retaining walls over three feet in height, 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, operations not disclosed on the application or reported to the company, CCA, wrap-up work, heating devices, coverage for acts of terrorism, schools/recreational, new and/or structural condo/townhome/HOA work, roofing operations, pool construction, water damage, metal erection (structural), performance of or failure to perform professional services of architect, engineer or surveyor, construction managers and other similar, and their agents; explosives or explosive devices, financial services, violation of any penal statute or ordinance, unsolicited advertising or communication, water damage. **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 occurrence limit of \$1,000,000 shared amongst each chapter member and 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. PCIC 01 00 06 10

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. The applicant additionally understands that, if a policy is issued, the policy will include an Arbitration Endorsement by which the Company and the Applicant agree to submit to binding arbitration any and all disputes relating to or arising out of any insurance policy.

Date: _____

Signature: _____

Print Name: _____

Title: _____


Signature of Producer (Agent or Broker): _____


IRON PROGRAM

| Coverage Limits | 6 months | 1 year |
|-------------------------------|---------------|--------|
| \$25,000/\$50,000/\$25,000 | \$295 | \$375 |
| | \$195 deposit | |
| \$50,000/\$100,000/\$50,000 | \$345 | \$425 |
| \$100,000/\$300,000/\$100,000 | \$395 | \$475 |

| |
|--|
| <input type="checkbox"/> A/C and Refrigeration |
| <input type="checkbox"/> Appliance & Accessories |
| <input type="checkbox"/> Carpentry (No Framing, no load bearing walls) |
| <input type="checkbox"/> Concrete Flat |
| <input type="checkbox"/> Debris Removal |
| <input type="checkbox"/> Door & Window Installation |
| <input type="checkbox"/> Drywall |
| <input type="checkbox"/> Electrical |
| <input type="checkbox"/> Fencing |
| <input type="checkbox"/> Floor Covering |
| <input type="checkbox"/> General Contractor (Remodel Max Sub Out 50%) |
| <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Janitorial |
| <input type="checkbox"/> Landscape |
| <input type="checkbox"/> Handyman |
| <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Painting Interior/Exterior |
| <input type="checkbox"/> Sheet Metal |
| <input type="checkbox"/> Siding & Decking |
| <input type="checkbox"/> Tile & Marble |
| <input type="checkbox"/> Swimming Pool Cleaning |

Total Price= _____





Guidelines

Up to \$300,000 in Gross Receipts
 Max Sub Out 50%
 Owner Only (0 Employees/0 Payroll)
 Zero Loss History
 Condo Work Okay (No New/No Structural)
 Full Pay Only & Fully Earned
 \$1500 Deductible
 Additional Exclusions may Apply

Optional Coverages:

Blanket Additional Insured (\$99 additional)
 Single Additional Insured (\$25 additional)

Broker Name: _____

Signature: _____