1. PRODUCER NAME:																
2. PRODUCER ADDRESS:																
3. PRODUCER TELEPHONE:				4. PRO		CER NAME										
5. PRODUCER FAX				6. PR	ODU	CER E-MA	A/L									
7. APPLICANT NAME				I												
INDIVIDUAL	F	PART	NERSHIP		COF	RPORATIO	ON	☐ JC	INT VEI	VTURE] [<i>L</i>	LC [] ΟΤΙ	HER	
8. APPLICANT STREET ADDRESS								<u> </u>					•			
9. CITY	.,,.						10	D. STATE				11.	ZIP			
12. APPLICANT MAILING ADDRESS																
13. CITY							14.	STATE				15.	ZIP			
16. PHONE NUMBER & EMAIL						17. INSI		TION COI IAME:	VTACT							
ADDRESS 18. YEARS IN BUSINESS UNDER CURRENT NAME)	ÆARS	19. TC	OTAL	YEARS E CONTRA			AS A				YΕ	ARS		
20. CONTRACTOR LICENSE NUMBER (S)		,		2		CENSED ATE (S)		******		22.	TAX	ID N	UMBER			
23. PROPOSED POLICY EFFECTIVE DATE			PER C	UESTED OCCUR. MIT	\$		2	5. REQUI AGGREG LIMI	SATE	\$		1	6. REQUES PER CLAI DEDUCTIE	M	\$	
27. DESCRIPTION OF YOUR OPERATIONS																
				EVDI AIN	ΙΔΙΙ	"YES" RE	-SP(DAISES IA		eks						
28. HAVE YOU PERF	ORMED) IN									V THE	NE	KT YEAR, A	NY OF	THE	
FOLLOWING:	YES	NO	1			YES	NO	1			YES	NO	I		YES	NO
A. AIRPORT WORK			F. DAMS, BRIDGES	LEVEES	OR			K. OIL LI	ASE W	ORK			O. TOWN	HOUSE		
B. ASBESTOS ABATEMENT			G. DEMOL STORIES	ITION XS	3			L. RAILF	OADS				P. TRAFF SIGNALS			
C. BLASTING OPERATIONS			H. EARTH RETROFI	T				M. SCAF ERECTION	O N				Q. TUNNE	<u></u>		
D. CHEMICAL SPRAYING			I. EMPLOY					N. SWIM	MING P	OOLS			R. WRAP OCIPS	UPS OF		
E. CONDOMINIUMS			J. EXTERI	MINATIOI	V											
REMARKS:																

NEXT 12 MONTHS - TYPE OF WORK PERFORMED: 29. PERCENTAGE OF WORK PERFORMED = 100%				RESIDENTIAL			TIAL		%	COMN	IERCIAL	_		%
30. PERCENTAGE OF WORK PERFORMED = 100%				GENERAL CONTRACTOR				%	SUBCON	ITRACT	OR		%	
31. PERCENTAGE OF WORK PERFORMED = 100%				NEW CONSTRUCTION			<u> </u>	%	OTHER			 	%	
IEXT 12 MONTHS - T	PE OF BUILDIN	VGS TO BE	BUII T	OR I	WORKE	ED ON	l:							
32. IN THE NEXT 12 N				0, ()		ACT		TR	ACT	#:	TR	ACT	#:	
MANY BUILDINGS WILL YOU WORK HOMES						ES - 2		1	IES –			IES IN		
ON IN THE FOLLOWING					1 -	10			0 50			ACTS		
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MANY BUILDINGS WIL		MENTS			MINI	IUMS			MES		Cir		. 1	
ON IN THE FOLI CATEGORI							OR ROW HOMES			BUILDING				
			•										•	
INANCIAL INFORMAT PERIOD	34. YEAR	35. # 0)F		36. # C)F	37. GRC	oss	38. 3	SUBCONTRA	ACTING	39	. GRO	SS
		PROJE(COMPLE			PROJEC ORKEL		RECEIP	PTS		COSTS		P	AYRO	LL
A. NEXT 12 MONTHS		COMPLL	TLU	77	ONNEL	2011	\$		\$			\$		
3. CURRENT YEAR							\$		\$			\$		
C. 1 st PRIOR YEAR							\$		\$			\$		
7.6						***	\$	-	\$			\$		
2" PRIOR YEAR														
AS USED IN THIS APP PURSUANT TO THIS A FOR THE COST OF GO STATE OR FEDERAL	APPLICATION, DODS OR PROI TAXES, OR ANY	"GROSS RE PERTY SOL Y OTHER E.	CEIPT: .D, LAB	S" AF OR C	RE THE	TOTA	AL RECEIPTS	S FOR	YOU	R BUSINESS	S, WITH .	NO D	EDUC:	ΓΙΟΙ
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CONTR		IN THE NEXT YEAR:	?			APPLICANT	WILL WORK ON IN THE			
						NEXT YEAR				
57. WHAT IS THE GREAT					58.		WHICH THE APPLICANT			
	OF BUILDINGS THE APPLICANT						L PERFORM			
HAS BUILT AS A GENERAL CONTRACTOR IN ANY ONE YEAR			1				NG WORK (LAST 3			
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	(LAST 3 TEARS)) : 			i			J		
PLE	ASE LIST YOUR TI	HREE LARGEST JOI	BS IN THE LA	ST THREE	YEAR	S:				
	59. PROJECT			JECT TYPE			NATURE OF WORK		52. GRC	
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# 67. 68. 70. A. C. B. 1	DOES APPLICA HARMLESS AGI ARE YOU NAME DOES APPLICA INSURED ENDO ARE YOUR SUE BEFORE COMM DOES APPLICA LIMITS OF LIAB SS AND CLAIM INF PERIOD	NT HAVE A WRITTE REEMENT RELATIVE DAS AN ADDITION NT HOLD OTHERS IN DRSEMENTS FOR OF BECONTRACTORS REMENCING WORK? NT REQUIRE SUBCULITY OF AT LEAST FORMATION (5 YEAR 72. YEAR	MUST BE CO IN CONTRACT IN THE TOWORK IN THE	QUESTION: T WITH ITS PERFORME ON YOUR S IND/OR ARE PROVIDE Y S WHO DO ER OCCURF	SUBCE YOU WORRENCE	CONTRACTOR THE SUBCON ONTRACTORS I REQUIRED T //ITH A CERTIF IK FOR THE AI E?	S WHICH INCLUDES A HOTTRACTOR? S' POLICIES? TO PROVIDE ADDITIONAL FICATE OF INSURANCE PPLICANT TO MAINTAIN	\$ CIONS C	YES	NO D
# 67. 68. 70. 71. LOS	DOES APPLICA HARMLESS AGI ARE YOU NAME DOES APPLICA INSURED ENDO ARE YOUR SUE BEFORE COMM DOES APPLICA LIMITS OF LIAB SS AND CLAIM INF PERIOD CURRENT YEAR	NT HAVE A WRITTE REEMENT RELATIVE DAS AN ADDITION NT HOLD OTHERS IN DRSEMENTS FOR OF BECONTRACTORS REMENCING WORK? NT REQUIRE SUBCULITY OF AT LEAST FORMATION (5 YEAR 72. YEAR	MUST BE CO IN CONTRAC E TO WORK I IAL INSURED HARMLESS A THERS? EQUIRED TO ONTRACTOR \$1,000,000 PI RS): 73. TOTAL LOSSES \$	QUESTION: T WITH ITS PERFORME ON YOUR S IND/OR ARE PROVIDE Y S WHO DO ER OCCURF	SUBCE YOU WORRENCES	CONTRACTOR THE SUBCON ONTRACTORS I REQUIRED T //ITH A CERTIF IK FOR THE AI E?	S WHICH INCLUDES A HOTTRACTOR? S' POLICIES? TO PROVIDE ADDITIONAL FICATE OF INSURANCE PPLICANT TO MAINTAIN	\$ CIONS C	YES	NO D
# 67. 68. 69. 70. LOS B. 1	DOES APPLICA HARMLESS AGI ARE YOU NAME DOES APPLICA INSURED ENDO ARE YOUR SUE BEFORE COMM DOES APPLICA LIMITS OF LIAB SS AND CLAIM INF PERIOD CURRENT YEAR	NT HAVE A WRITTE REEMENT RELATIV ED AS AN ADDITION NT HOLD OTHERS I DRSEMENTS FOR O BCONTRACTORS RE MENCING WORK? NT REQUIRE SUBC FILITY OF AT LEAST FORMATION (5 YEAR 72. YEAR	MUST BE CO IN CONTRAC E TO WORK I IAL INSURED HARMLESS A THERS? EQUIRED TO ONTRACTOR \$1,000,000 PI RS): 73. TOTAL LOSSES \$	QUESTION: T WITH ITS PERFORME ON YOUR S IND/OR ARE PROVIDE Y S WHO DO ER OCCURF	SUBCED BY SUBCED BY SUBCED WORK RENCED STATES	CONTRACTOR THE SUBCON ONTRACTORS I REQUIRED T //ITH A CERTIF IK FOR THE AI E?	S WHICH INCLUDES A HOTTRACTOR? S' POLICIES? TO PROVIDE ADDITIONAL FICATE OF INSURANCE PPLICANT TO MAINTAIN	\$ CIONS C	YES	NO D

	YOU AWARE OF ANY FACTS, CIR CLAIM OR LAWSUIT (WHETHER					
NO:	Yes No IF YES PLEASE O	COMPLETE THE FOLLOWING:				
	77. PROJECT NAME	78. PROJECT TYPE	79. NATURE OF YOUR WORK	80. CLAI	MED DAMAG	ES
Α						
В			1.4	\$		
С				\$	J HARRISTON	*****
D				\$		
Ε		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		\$		
#		QUESTIONS			YES	NO
81.	VIOLATION OF ANY LAW OR RE	DERAL GOVERNMENT AGENCY EGULATION OR INVESTIGATED	YOU IN THE PAST FIVE YEAR	RS?		
82.	CONSTRUCTION?	EARS HAVE YOU BEEN NAI				
83.	WITHIN THE LAST FIVE YEARS, HOLD THEM HARMLESS, IN AN	HAS ANY PERSON OR ENTITY Y CLAIM OR LAWSUIT?	DEMANDED THAT YOU DEFE	END THEM, O	R	
	BEEN A MEMBER, OR YOUR CO		BUSINESS, OR AGAINST ANY HAS ASSUMED LIABILITY? F T MEANS A RECEIPT OF A DI	PERSON, FOR THE EMAND FOR	DRMATION F	OR
	85. PROJECT NAME	86. PROJECT TYPE	87. NATURE OF YOUR	R WORK	88. CLAII	
A					\$ DAMAG	<u> </u>
В					\$	
REM	ARKS:					
89.	BLANKET ADDITIONAL	YES NO 90.	BLANKET WAIVER OF [YES		VO
91.	INSURANCE COVERAGE SUNSET CLAUSE LIMITATION	☐ YES ☐ NO 92.	SUBROGATION PREMIUM FINANCING [YES	 /	VO
93.	LIST SPECIFIC ADDITIONAL INSUREDS IF BLANKET IS NOT SELECTED	NAME	ADL	DRESS		
	A					

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ATTENTION:

- 1. THE 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.
- 2. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
- 3. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
- 4. 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.
- 5. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
- 6. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSUREDS, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

WASHINGTON RESIDENTS: NO ORAL OR WRITTEN MISREPRESENTATION OR FALSE WARRANTY MADE IN THE NEGOTIATION OF AN INSURANCE CONTRACT BY THE INSURED OR ON THE INSURED'S BEHALF SHALL BE DEEMED MATERIAL OR DEFEAT OR AVOID THE CONTRACT OR PREVENT IT ATTACHING UNLESS THE MISREPRESENTATION OR FALSE WARRANTY IS MADE WITH INTENT TO DECEIVE.

THE TERMS, CONDITIONS AND EXCLUSIONS CONTAINED IN ANY POLICY ISSUED PURSUANT TO THIS APPLICATION WILL VARY SIGNIFICANTLY FROM THOSE CONTAINED IN MANY OTHER LIABILITY INSURANCE POLICIES. THE COMPANY'S POLICY FORM PROVIDES COVERAGE THAT MAY BE MORE LIMITED THAN THAT PROVIDED UNDER THE "ISO" INSURANCE POLICY OR THE POLICIES ISSUED BY OTHER COMPANIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE POLICY WITH YOUR AGENT OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGE THAT IT PROVIDES, AND YOUR RIGHTS AND OBLIGATIONS UNDER THE POLICY.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

Signature of Applicant:	
Date:	
Title (Officer, Partner or Owner)	

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

WASHINGTON RESIDENTS: IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.