



NATIONAL CONTRACTORS INSURANCE COMPANY
A Risk Retention Group

“NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group.”

The words “Applicant”, “You” or “Your” refer to the person or entity applying for the insurance policy.

Producer Information:		Applicant Information:	
Name:		Name:	
Contact:		DBA:	
Address:		Address:	
			FEIN#:
Phone:	Fax:	Phone:	Fax:
Producer Code:		Inspection Contact:	
		Affiliated Associations:	

Provide Your Physical Address if Different from The Address Listed Above: _____

Desired Effective Date of Coverage: _____ Expiration Date of Current Coverage: _____

Entity Type: Individual Partnership Joint Venture Corporation/LLC Other: _____

Years Entity Has Been in Operation: _____ (If The Entity is Less Than 2 Years Old, Provide Detailed Resumes of All Owners, Officers, Members or Partners.) Years of Experience: _____ States in which You Conduct Business: _____

Provide Detailed Description of Your Business, Operations and Services: _____

List All Contractor Licenses Held By Applicant in Each State or Provide a Current Copy of Each License

License Number	State License is Held

Prior Carrier Information For The Applicant For The Past 5 Years:

Carrier Name	Effective Dates of Coverage	Limits	Premium Paid	Number And Amount of Losses

Please Note: A Current Valued Loss Run and/or a No Known Loss Letter, Signed and Dated by The Applicant, is Required.

Please Provide Specific Details on All Past Losses: _____

Have You Owned and/or Operated Any Other Business, Contracting or Otherwise in the Past 5 Years? Yes No
If Yes, State The Percentage of Ownership: _____ Provide a Detailed Description of The Operations: _____

Are You Aware of Any Litigation, Past or Pending Against Your Business in the Past 5 Years: Yes No
If “Yes”, Explain in Detail: _____

Do You Have Any Knowledge of Any Occurrence, Condition, Act, Omission, Event, Harm or Damages to Any Person or Property that May Potentially Give Rise to Any Future Claim or Legal Action Against The Applicant? Yes No
If “Yes”, Explain in Detail: _____

_____ Applicants Initials

Coverage Requested:	S.I.R.:	Limits:	
<input type="checkbox"/> Manuscript Occurrence w/ 2 Year Sunset	<input type="checkbox"/> \$1,000	General Aggregate	\$
	<input type="checkbox"/> \$1,500	Products-Completed Operations Aggregate	\$
<input type="checkbox"/> Manuscript Occurrence - Full	<input type="checkbox"/> \$2,500	Personal & Advertising Injury	\$
	<input type="checkbox"/> \$5,000	Each Occurrence	\$
<input type="checkbox"/> Blanket Additional Insured Endorsement - Company Form	<input type="checkbox"/> \$7,500	Fire Damage (Any One Fire)	\$50,000
	<input type="checkbox"/> \$10,000	Medical Expenses (Any One Person)	\$ 5,000

Schedule of Hazards:

Classification Description	Class Code	Gross Sales	Exposure - Gross Receipts

Gross Receipts Next 12 Months: _____ Actual Gross Receipts 2005: \$ _____ Actual Gross Receipts 2004: \$ _____

Percentage of Work - Each Section Total Must Equal 100%:

Description	%	Description	%	Description	%	Description	%
General Contractor		New Construction		Commercial		Interior	
Sub-Contractor		Remodeling		Industrial		Exterior	
Construction Manager		Service/Repair		Residential		Other (Explain)	
Other (Explain)		Demolition		Institutional			
100%		100%		100%		100%	

Have You Performed During the Past 3 Years and/or Do You Plan to Perform in the Next 12 Months Any Work Involving the Following:

	Yes	No		Yes	No		Yes	No		Yes	No
Airports			Dams, Levees or Bridges			Extermination			Scaffolding Erection		
Asbestos Abatement			Demolition			Flood Control			Ship Repair/ Pier Work		
Blasting			Drilling			HOA / Condo Associations			Tract Homes		
Bridge Building			Earthquake Retrofit			Oil Lease Work			Traffic Signals		
Chemical Plants			EIFS			Railroads			Tunneling		
Chemical Spraying			Equip. Rental to Others			Refineries			Wrap-Ups / OCIPS		

Explain in Detail All "Yes" Responses. Attach a Separate Sheet, Signed and Dated by The Applicant, if Necessary: _____

Current and/or Planned Work. Please List 3 Largest Jobs Currently in Progress or with Planned Start Dates in the Next 12 Months:

Project Name & Address	Project Type	Work Performed	Anticipated Gross Receipts

Applicant's Initials _____

The Applicant Must Provide an Answer to Each Question. Where Asked to "Explain in Full", You Must Attach a Separate Sheet of Paper, Signed and Dated by the Applicant, With The Information Requested:

- Yes No 1. Does The Applicant Provide Supervision Each Day at Each Jobsite?
- Yes No 2. Do You Always Have a Written Contract With All Subcontractors Which Includes a Hold Harmless Agreement For All Work Performed by the Subcontractor?
- Yes No 3. Is Applicant Named as A Named Additional Insured on All Subcontractors' Insurance Policies Before Each Subcontractor Arrives on the Jobsite?
- Yes No 4. Does Applicant Require All Subcontractors to Maintain Limits of Liability Equal to or Greater Than the Limits of Liability Applied for Under This Insurance Policy?
- Yes No 5. Are All Subcontractors Required to Provide Applicant With Evidence of Insurance Before Commencing Work?
- Yes No 6. Does Applicant Hold Others Harmless and/or Provide Additional Insured Endorsements to Others?
- Yes No 7. Are Subcontractors Required to have a Valid Contractors License for Trades Performed Where Required by State Law?
- Yes No 8. Does Applicant Act as a General Contractor or Developer of New Residential Construction? If "Yes", What is the Maximum Number of Homes Applicant Expects to Build Over the Next 12 Months: _____; and Do You Offer a Home Warranty Program? If "Yes", Explain in Full.
- Yes No 9. Does Applicant Have One or More Written Safety Programs in Place?
- Yes No 10. Does Applicant Check With Local Utility or Underground Service Advisory Companies Before Digging?
- Yes No 11. Has Applicant Been Cited by Any Local, State or Federal Government Agency or Licensing Bureau for Violating a Regulation or Law During the Past 5 Years? If "Yes", Explain in Full.
- Yes No 12. Has Anyone Accused the Applicant of Faulty Construction in the Past 5 Years? If "Yes", Explain in Full.
- Yes No 13. Has Applicant Been Accused of Breaching any Contract in the Past 5 Years? If "Yes", Explain in Full.
- Yes No 14. Does Applicant Perform Any Exterior Work Above 3 Stories or 35 feet?
- Yes No 15. Does Applicant Perform Work Below Grade? If "Yes", What is the Maximum Depth? _____
- Yes No 16. Is Applicant Involved in the New Construction or Conversion of Condominiums, Town homes and/or Apartments?
- Yes No 17. Does Applicant Perform Any Mold Remediation Work? If "Yes", Is There Insurance Coverage in Place for This Exposure? If "Yes", Explain in Full.
- Yes No 18. Has the Applicant Ever Been Refused a Performance Bond or Had Liability Insurance Cancelled?
- Yes No 19. Have You Allowed or Will You Ever Allow Your Contractors License to be Used by Another Contractor?
- Yes No 20. Has the Applicant, or Any Entity Owned or Controlled by the Applicant, Been Adjudged Insolvent, Bankrupt or had Liens Placed Against any Property Within the Past 5 Years? If "Yes", Explain in Full.
- Yes No 21. Does Applicant Perform Any Work Involving Hot Tar and/or Torch Down Roofing? If "Yes", Answer the Following: (i) Your Years of Experience in Utilizing These Methods: _____; (ii) Provide Specific Details on Training You Received or Provided to All Applicators of Hot Tar and/or Open Flame Materials: _____
- Yes No 22. Does Applicant Perform Any Work on Boilers and/or Machinery? If "Yes", Explain in Full:
- Yes No 23. Have You Filed a Mechanics' Lien in The Past Three Years? If "Yes", Explain in Full.
- Yes No 24. Do You Perform Any Shoring, Underpinning, Cofferdam or Caisson Work? If "Yes", Explain in Full.

Please Provide Additional Information Regarding Risks or Dangers Associated With the Applicant's Work: _____

NOTICE TO APPLICANT

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS SUPPLEMENTAL APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT TO NATIONAL CONTRACTORS INSURANCE COMPANY, INC., (THE "RRG") AND ITS MANAGING GENERAL UNDERWRITER ("MGU"), ARE TRUE, COMPLETE AND ACCURATE.

THE APPLICANT UNDERSTANDS AND AGREES THAT THE RRG AND THE MGU WILL RELY ON ALL INFORMATION, FACTS AND REPRESENTATIONS SUPPLIED BY THE APPLICANT, INCLUDING THE FACTS CONTAINED IN THIS SUPPLEMENTAL APPLICATION, TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE RRG OR THE MGU IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE MGU AND RRG WITH THE TRUE FACTS AND INFORMATION, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED.

THE APPLICANT UNDERSTANDS THAT ANY FALSE OR MISLEADING FACT OR REPRESENTATION GIVEN BY OR ON BEHALF OF THE APPLICANT, OR THE FAILURE TO PROVIDE THE FACTS OR INFORMATION REQUESTED, SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF ALL CLAIMS, OR, AT THE OPTION OF THE RRG, THE ASSESSMENT OF SUBSTANTIAL ADDITIONAL PREMIUM CHARGES. THE APPLICANT WARRANTS AND REPRESENTS THE APPLICANT WILL FULLY COOPERATE WITH AND ASSIST THE RRG AND THE MGU AS REQUIRED UNDER THE TERMS AND PROVISIONS OF THE INSURANCE POLICY.

_____Applicants Initials

THE APPLICANT HEREBY AUTHORIZES THE RRG AND THE MGU TO CONDUCT ANY INVESTIGATIONS AND TO MAKE ANY INQUIRIES REGARDING THE APPLICANT AND ANY INFORMATION SUPPLIED BY THE APPLICANT.

THE APPLICANT ACKNOWLEDGES AND AGREES THAT THE RRG HAS NO OBLIGATION TO ACCEPT THE APPLICANT AS A MEMBER OR TO ISSUE AN INSURANCE POLICY TO THE APPLICANT. IF AN INSURANCE POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT UNDERSTANDS AND AGREES THAT THE RRG HAS RELIED ON EACH STATEMENT OF FACT AND REPRESENTATION MADE BY THE APPLICANT IN DECIDING TO ISSUE THE INSURANCE POLICY AND IN DETERMINING THE PREMIUM TO BE CHARGED. THE APPLICANT WILL ALSO NEED TO ENTER INTO A SUBSCRIPTION AGREEMENT WITH THE RRG.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN IN THE SUPPLEMENTAL APPLICATION 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.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE RRG ARE SUBSTANTIALLY DIFFERENT FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE RRG PROVIDES COVERAGE THAT IS MORE LIMITED THAN THE COVERAGES AVAILABLE UNDER THE "ISO" FORM INSURANCE POLICY OR SIMILAR TYPES OF INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE RRG INSURANCE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGES IT PROVIDES, AS WELL AS THE EXCLUSIONS AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

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This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."

Signature of Applicant: _____
Title of Party Signing Form: _____
(Must be licensed Individual, Partner or Officer)

Date: _____

Producer Signature: _____

Date: _____

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.

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Please Complete This Supplemental Application & Submit With Acord Form 125 & Acord Form 126

Producer Information:		Applicant Information:	
Name:		Name:	
Contact:		DBA:	
Address:		Address:	
			FEIN#:
Phone:	Fax:	Phone:	Fax:
Producer Code:		Inspection Contact:	
		Affiliated Associations:	

Provide Your Physical Address if Different from The Address Listed Above: _____

Desired Effective Date of Coverage: _____ Expiration Date of Current Coverage: _____

Entity Type: Individual Partnership Joint Venture Corporation/LLC Other: _____

Years Entity Has Been in Operation: _____ (If The Entity is Less Than 2 Years Old, Provide Detailed Resumes of All Owners, Officers, Members or Partners.) Years of Experience: _____ States in which You Conduct Business: _____

Provide Detailed Description of Your Business, Operations and Services: _____

Gross Receipts Next 12 Months: _____ Actual Gross Receipts 2005: \$ _____ Actual Gross Receipts 2004: \$ _____

Percentage of Work - Each Section Total Must Equal 100%:

Description	%	Description	%	Description	%	Description	%
General Contractor		New Construction		Commercial		Interior	
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Construction Manager		Service/Repair		Residential		Other (Explain)	
Other (Explain)		Demolition		Institutional			
	100%		100%		100%		100%

List All Contractor Licenses Held By Applicant in Each State or Provide a Current Copy of Each License

License Number	State License is Held

Please Provide Specific Details on All Past Losses: _____

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If Yes, State The Percentage of Ownership: _____ Provide a Detailed Description of The Operations: _____

Are You Aware of Any Litigation, Past or Pending Against Your Business in the Past 5 Years? Yes No
If "Yes", Explain in Detail: _____

Do You Have Any Knowledge of Any Occurrence, Condition, Act, Omission, Event, Harm or Damages to Any Person or Property that May Potentially Give Rise to Any Future Claim or Legal Action Against The Applicant? Yes No
If "Yes", Explain in Detail: _____

Please Note: Three Years Currently Valued Loss Runs and/or a No Known Loss Letter, Signed and Dated by The Applicant, is Required.

Have You Performed During the Past 3 Years and/or Do You Plan to Perform in the Next 12 Months Any Work Involving the Following:

	Yes	No		Yes	No		Yes	No		Yes	No
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Blasting			Drilling			HOA / Condo Associations			Tract Homes		
Bridge-Building			Earthquake Retrofit			Oil Lease Work			Traffic Signals		
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Signature of Applicant: _____
Title of Party Signing Form: _____
(Must be licensed Individual, Partner or Officer)

Date: _____

Producer Signature: _____

Date: _____

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