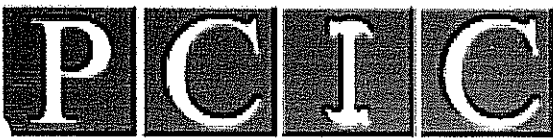


Preferred Contractors Insurance Company, RRG

SUPPLEMENTARY QUESTIONNAIRE

1) Applicant Name:		2) Producer/Agent:		
3) Address:		4) City:	5) State:	6) Zip:
7) Telephone Number: () ---	8) Fax Number: () ---	9) E-mail/Website:		
10) SS# or Tax ID:				
11) Years in business:	12) <input type="checkbox"/> New Ventures please attach a resume of experience			
13) Entity of Company: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____				
14) List any other business names which you have used in the past or are currently using in addition to that for which you are currently applying for insurance:				
15) Contractors License #:		16) States in which you do business:		
17) Complete Description of Operations: _____ _____				
18) Percentage of work performed: Residential: % _____ Commercial: % _____ New: % _____ Remodel/Service Repair: % _____				
19) Percentage of tract work: % _____		Size of tract projects: % _____		
20) Describe the largest project, including the total cost, which you have performed during the past five years: _____ _____				
21) List of current projects of those scheduled to commence over the next twelve months: (Attach separate sheet if necessary.)				
Location	Type of Work	Start Date / /	Ending Date / /	Cost of Project \$
_____	_____	____/____/____	____/____/____	\$ _____
_____	_____	____/____/____	____/____/____	\$ _____
_____	_____	____/____/____	____/____/____	\$ _____



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22) Previous Insurance Carrier: _____ Cost of pure premium: \$ _____

23) Has any licensing authority taken any action against you? Yes No
If "Yes" please explain: _____

24) Have you allowed or will you allow your license to be used by any other contractor? Yes No
If "Yes" please explain: _____

25) Estimated Gross receipts for next 12 months: (Gross amount, not net profit). \$ _____

26) Do you do OCIP (Wrap-up) work? Yes No
If "Yes", what are the estimated receipts for work covered separately under OCIP/Wrap-up? \$ _____
Estimated Receipts for non-Wrap/OCIP \$ _____

27) Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, and mold, PCB's, medical and/or industrial life support, oil fields, dams/levees, bridges or quarries, airports, rail-roads, earthquake retrofit, schools/playgrounds, fuel tanks or pipe lines? Yes No If "Yes" please explain: _____

28) If you use sub-contractors, complete the following:
a. Do you always collect certificates of insurance from sub-contractors? Yes No
b. What minimum General Liability limit is required? _____
c. Do you always require sub-contractors to name you as additional insured? Yes No
d. Do you have a standard formal written contract with subcontractors? Yes No
If yes, does it have a hold harmless/indemnification agreement in your favor? Yes No
f. Estimated total annual cost of sub-contracted work: _____

29) Will any of your work involve the construction of, or be for, new condominiums or townhouses? Yes No
Repair only for individual unit owners? Yes No

30) 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? Yes No
(For the purpose of this application, a claim means a receipt of a demand for money, services or arbitration.)
If "Yes" please explain: _____

31) 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? Yes No
If "Yes" please explain: _____

32) Next 12 months of scheduled projects: (all projects must be scheduled)

Name of Project	Description	Gross Receipts:	How long is the project:
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
_____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____
5. _____	_____	\$ _____	_____



Preferred Contractors Insurance Company, RRG

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 Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

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.

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.

Date: ____/____/____

Signature of Applicant: _____

Title (Owner, Officer, Partner): _____

Signature of Producer (Agent or Broker) : _____