

UNITED CONTRACTORS INSURANCE COMPANY, INC.
A RISK RETENTION GROUP

This policy may be more restrictive than other policies available. 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.

Applicant: _____ Contractor's license #: _____

States in which you do business: _____ Web-site/Email address _____

1. Years in business for yourself: _____ If this is a new venture, attach a separate sheet showing Your past experience doing the same type of work.

2. Individual Incorporation Partnership LLC Other _____

3. 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:

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

5. Have you allowed or will you allow your license to be used by any other contractor?
If "Yes" please explain: _____

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

7. Do you do OCIP (Wrap-up) work ? ___yes ___no If "Yes", what are estimated receipts for work covered separately under OCIP/Wrap-up? \$ _____ Estimated receipts for non-Wrap/OCIP \$ _____

8. Annual gross receipts for current year \$ _____

9. Any work performed for a fee or with labor and/or material costs paid by others? Yes No

If "Yes" please explain: _____

10. Describe the largest projects, including the total cost, which you have performed during the past five years:

11. List current projects or those scheduled to commence over the next twelve months: (Attach separate sheet if necessary.)

Type of work	Res/Commercial	Start Date	Ending Date	Cost of Project
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

12. Do you do residential work? Yes No Percentage ____ Do you do new construction ? Yes No Percentage ____

Do you do remodeling? Yes No Percentage ____

13. Have you been involved or do you subcontract any work involving blasting operations, hazardous waste, asbestos, mold, PCB's, medical and/or industrial life support, oil fields, dams/levees or quarries, fuel tanks, pipe lines or EQ retrofit ?

Yes No

If "Yes" please explain

14. 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? _____

Yes No

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

e. If yes, does it have a hold harmless/indemnification agreement in your favor?

Yes No

f. Estimated total annual cost of sub-contracted work: _____

15. Do you do any work for condominium or townhouse associations ?

Yes No

Repair only for individual unit owners only?

Yes No

16. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or 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

17. 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:

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): _____

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