



- 1) Applicant: \_\_\_\_\_ FEIN #: \_\_\_\_\_
- 2) Years in Business: \_\_\_\_\_  Individual  Partnership  Joint Venture  Corporation  Other
- 3) State(s) of Operation/Work \_\_\_\_\_ Contractor License # \_\_\_\_\_
- 4) Name and Location of Primary and All Subsidiary Companies: \_\_\_\_\_  
 \_\_\_\_\_
- 5) Description of Operations: \_\_\_\_\_

**Percentage of Operations:**

<b>General Contractor</b>	%	<b>Subcontractor</b>	%
<b>Owner/Builder</b>	%		
<b>New</b>	%	<b>Remodel/Service &amp; Repair</b>	%
<b>Interior</b>	%	<b>Exterior</b>	%
<b>Residential</b>	%	<b>Commercial</b>	%
<b>Service</b>	%	<b>Other</b>	%

6) Payroll:

**Next 12 months estimate**

Payroll	Sub-Out Cost	Gross Receipts	# Employees FT / PT
\$	\$	\$	

**Previous 12 months**

Payroll	Sub-Out Cost	Gross Receipts	# Employees FT / PT
\$	\$	\$	

7) Prior Carrier Information:

	Carrier	Premium	Limits	Deductible	Policy Period Dates
<b>Expiring</b>		\$		\$	
<b>1st Prior</b>		\$		\$	
<b>2nd Prior</b>		\$		\$	

**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. Therefore, these funds will not pay your claims or protect your assets if your risk retention group, the insurer, becomes insolvent and is unable to make payments as promised.**



8) **Loss/Claim Information: Please list loss history for previous 5 years:**

Policy Year	# of Claims	Amount of Payout
		\$
		\$
		\$
		\$
		\$

9) **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 or pipe lines?** Yes  No

If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_

10) **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
- 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: \_\_\_\_\_

11) **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: \_\_\_\_\_  
\_\_\_\_\_

12) **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: \_\_\_\_\_  
\_\_\_\_\_

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- 13) Is your company involved in any Owner Controlled Insurance Program (OCIP) or Contractor Controlled Insurance Program (CCIP) or any other “wrap up” policy program? Yes  No

If “Yes” please explain: \_\_\_\_\_

\_\_\_\_\_

- 14) Do you currently, or have you ever had Structural Warranty coverage? (Homebuilders only) Yes  No

If “Yes”, when and with whom? \_\_\_\_\_

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials including the membership agreement (“this Application”), are true and complete and do not misrepresent, misstate or omit any material facts and are made with the knowledge that the Company will act in reliance upon them. 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 and any misrepresentations by the Applicant may result in denial of coverage of the cancellation of any subsequently issued policy or policies.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title (Owner, Officer, Partner): \_\_\_\_\_

**Homebuilder Applicant (only) who agrees to enroll homes in the StrucSure Warranty Program:**

In addition to the above, the undersigned Homebuilder Applicant understands the Company will be issuing this policy at rates based upon the Homebuilder Applicant enrolling all sold homes in the StrucSure Home Warranty program during the policy term. The Homebuilder Applicant further understands that, if a home is sold and not enrolled into the StrucSure Home Warranty program, the premium will be adjusted. The premium will be recalculated in accordance with our rates and rules without the StrucSure Warranty credit, and will be retroactive to the policy inception date. Furthermore the Homebuilder Applicant agrees to pay the additional premium within 30 days of billing.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Title (Owner, Officer, Partner): \_\_\_\_\_

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