

G. Account history for prior 5 years:

| | Payroll | Total Revenue | Total Subcontracted Cost |
|-----------|---------|---------------|--------------------------|
| 1st prior | | | |
| 2nd prior | | | |
| 3rd prior | | | |
| 4th prior | | | |
| 5th prior | | | |

SUBCONTRACTOR OPERATIONS PERFORMED FOR APPLICANT

H. List subcontractor trades used:

| | | | |
|--|---|---|---|
| | % | % | % |
| | % | % | % |
| | % | % | % |

I. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____

J. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor?

Yes No _____ If no, explain when not required: _____

K. Are you named as an additional interest on the subcontractors' policies? Yes No

L. Do you normally use the same subcontractors? Yes No

If no, do you put all subbed work out for bid? Yes No

OPERATIONS BY APPLICANT

M. Indicate type of construction work performed by your employees:

| | | | | | |
|--------------------------|---------|---|---------|------------------------|---------|
| Blasting | _____ % | Insulation | _____ % | Roofing | _____ % |
| Bridge building | _____ % | Maintenance | _____ % | Sewer | _____ % |
| Carpentry | _____ % | Masonry | _____ % | Steel (ornamental) | _____ % |
| Concrete | _____ % | Mechanical | _____ % | Steel (structural) | _____ % |
| Drilling | _____ % | Painting | _____ % | Street/road | _____ % |
| Earthquake reinforcement | _____ % | Plastering | _____ % | Supervisory only | _____ % |
| Electrical | _____ % | Process Piping | _____ % | Wrecking/demolition | _____ % |
| Excavating | _____ % | Removal/installation of underground tanks | _____ % | Other (describe _____) | _____ % |
| Gas mains | _____ % | | | | |

N. Indicate % of work performed in:

| | | | | | | | | | |
|-----------------------------------|---------|---|---------|-----------------|---------|-------------------------|---------|-------|---------|
| New construction | _____ % | Remodeling | _____ % | Demolition | _____ % | Repair | _____ % | Other | _____ % |
| Commercial | _____ % | Industrial | _____ % | Residential | _____ % | Institutional | _____ % | Other | _____ % |
| Inside building | _____ % | Outside building | _____ % | Condos | _____ % | Single family dwellings | _____ % | | |
| Contract basis | _____ % | With penalty clause | _____ % | Time & material | _____ % | | | | |
| Construction manager for fee only | _____ % | Developer (with hired general contractor) | _____ % | | | | | | |

O. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums

BB. Any mobile equipment leased from others? Yes No If yes, from whom? _____
 Lease basis? _____ Operators provided? Yes No
 Type of equipment leased? _____

CC. Do you carry an all risk contractor's equipment floater? Yes No
 Is automatic acquisition on leased, rented or replaced equipment provided? _____ Limits: _____
 *** Attach list of contractor's equipment.

DD. Do you hold other person's property for service, storage, or repair? Yes No

EE. Any underground storage tanks? Yes No If yes, when was it inspected and by whom?: _____

FF. Any employees working under:

U.S. Longshoremen's and Harborworkers' Act? Yes No **Jones Maritime Act?** Yes No

If yes, what percent of payroll? _____% Give city and state: _____

GG. Does applicant have Workers' Compensation coverage in force? Yes No

HH. Does applicant lease employees? Yes No

II. Dollar value of average job completed: \$ _____

JJ. During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? (not applicable in Missouri) Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

| | Year: | Year: | Year: | Year: | Year: |
|---------------|-------|-------|-------|-------|-------|
| Carrier | | | | | |
| Policy No. | | | | | |
| Total Premium | | | | | |

LOSS HISTORY—FIVE YEAR PERIOD

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (open or Closed) |
|--------------|---------------------|-------------|-----------------|----------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

SCHEDULE OF HAZARDS

| Loc. No. | Classification | Class. Code | Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other | Terr. | Rate | | Premium | |
|----------|----------------|-------------|---|-------|-----------|----------|-----------|----------|
| | | | | | Prem/ Ops | Products | Prem/ Ops | Products |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE _____ DATE _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE"