GREAT AMERICAN INSURANCE COMPANY
Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Professional and Contracting Services Application

Instructions:

- This form must be dated and signed by a principal of your Company.
- Answer all questions completely. If any questions do not apply, please state N/A in the space provided.
- Please provide supporting information on a separate sheet and reference the applicable question number. Any supporting information is considered part of this application and is subject to the same terms and conditions.

Required Attachments:

- Please provide copies of your last two (2) years of financial statements and/or 10K reports.
- Please provide copies of your last five (5) years of Environmental/Professional loss history. If you have no prior environmental/professional coverage please provide your last five (5) years General Liability loss history.

NOTICE: The coverage applied for is solely as stated in the Policy and any endorsement(s) attached thereto.

General Information

1. Name of Applicant _____
   Principal Contact _____
   E-mail Address _____
   Mailing Address _____
   Years in Business _____
2. Desired effective date of coverage _____
3. Desired length of policy term _____
4. Retroactive Date and/or Reverse Retroactive Date (*please specify*) on current policy _____
5. Desired Limits of Liability and Retention Amount:
   Each Loss Limit $ _____
   Aggregate Limit $ _____
   Retention Amount $ _____
6. Current Premium $ _____
7. Please provide the Insured's total annual contracting revenues for the following:
   $ _____ for the prior calendar year $ _____ estimated for the current calendar year
8. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects:

Category	Percentage	Category	Percentage
Apartments/Condominiums *(other than wood-frame construction)*		Apartments/Condominiums *(wood-frame construction)*	
Hotels/Motels *(other than wood-frame construction)*		Hotels/Motels *(wood-frame construction)*	
Civil/Highway *(other than roadwork/excavation/grading)*		College/Universities	
Commercial Retail		Commercial Office	
Energy		Hospitals/Healthcare	
Industrial/Manufacturing		Landfills	
Parking Structures		Paving – Street & Road	
Pipeline – Oil & Natural Gas		Primary Education	
Single Family Homes		Stadium & Arena	
Utility – Sewer & Water		Water/Waste Treatment	
Other *(please describe)* _____			

General Information *Continued*

9. Professional & Contracting Services – Please provide information associated with the following Professional & Contracting Services for the twelve (12) months following the desired inception date for coverage:

Contracting Services	Projected Revenue	% Performed In-House
Asbestos, Lead or Mold Abatement		
Civil/Highway		
Demolition		
Dredging		
Drilling		
Drilling *(non Environmental)*		
Drywall		
Electrical		
Environmental Contracting		
Excavating/Grading		
General Contractor		
Glazier		
Highway/Bridge		
HVAC		
Industrial Cleaning/Maintenance		
Marine *(no dredging)*		
Masonry/Concrete		
Mechanical *(non-HVAC)*		
Painting		
Paving – Road/Street		
Pipeline		
Pipeline - Oil/Gas		
Plumbing		
Roofers/Siding		
Steel Erection		
Utility - Sewer/Water		
Other *(please describe)*		

Professional Services	Projected Revenue	% Performed In-House
Engineering or Design		
Construction Consulting Services		
Environmental Consulting		
TOTAL:		

10. Project delivery:

Category	Percentage	Category	Percentage
Construction only *(responsibilities do not include professional)*	0%	Construction Management At Risk	0%
Design-Build with design subcontracted	0%	Construction Management Agency (Total construction values of projects $_____)	0%
Design-Build with design performed in-house	0%	Other *(please describe)* _____	0%

General Information *Continued*

	Yes	No

11. Details of proposed covered location(s): *(attach additional pages if necessary)*

Location	Street Address/City/Province/Postal Code	Description of Operations at this location
1.		
2.		
3.		

12. Are any operations performed outside of the United States or Canada? ☐ ☐

If yes, please identify the countries and describe the type of work and associated revenues:

13. Do you always require subcontractors to carry pollution coverage? ☐ ☐

What is the minimum Pollution limit that you require from subcontracted contracting firms:

Do you obtain evidence of such coverage prior to engaging their services? ☐ ☐

14. Does your current policy provide any project specific excess coverage for any projects? ☐ ☐

If yes, please describe:

15. Do you always require subcontracted design firms to carry Professional coverage? ☐ ☐

If no, please describe in detail when the design firm would not be required to carry Professional coverage:

What is the minimum Professional limit that you require from subcontracted contracting firms:

Do you obtain evidence of such coverage prior to engaging their services? ☐ ☐

16. Have you ever had a pollution incident or are you aware of contamination at any site your Company owns or leases? ☐ ☐

If yes, please provide additional detail regarding the pollution conditions.

17. Within the last five (5) years has the applicant purchased this type of insurance coverage? ☐ ☐
If yes, please provide the information regarding any such coverage and all available loss information.

18. Within the last five (5) years have any claims been made or legal actions (*including regulatory actions*) been brought against any prospective Insureds? ☐ ☐

19. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents? ☐ ☐

20. Do the prospective Insureds have any knowledge of damage or injury to property, the environment or people during the last five (5) years that was or may in any way have been attributable to them? ☐ ☐

21. At the time of signing this application, are the prospective Insureds aware of any circumstances that may reasonably be expected to give rise to a claim against any insured or otherwise generate a request for coverage under this Policy? ☐ ☐

If the answer to question 18., 19., 20., or 21., above was yes, please provide a description of the circumstance or claim (*detail the actual or alleged incident, location, date, type of injury and/or damage, etc.*). In addition, provide information as to what actions have been taken by the proposed insured(s) to mitigate or avoid a similar loss from occurring again.

This document was issued or made by the Company in the course of its insurance business in Canada.

Warranty, Authorized Signature and Continuing Duty To Update

The undersigned is an authorized representative of the prospective First Named Insured, and acknowledges that the information provided with the Application, including all supplements, attachments and replies to underwriter inquiries, and applications from other insurance companies which have been submitted to Great American Insurance Company and its affiliates and made a part of this application:

1. Will be relied upon by Great American Insurance Company and its affiliates in determining the acceptability of the prospective Insureds and the premium amount to be charged;
2. Are true, accurate and complete; and
3. Will be considered an integral part of any resultant insurance contract.

The undersigned further agrees that the prospective Named Insured(s) has a continuing duty, through date of policy inception, to update this Application, including all supplements, attachments and replies to underwriter inquiries.

Completion of this application does not bind coverage. The applicant's acceptance of the Company's quotation is required before the applicant may be bound and a policy issued.

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Title _____

Signature of Authorized Applicant _____

Print Name _____ **Date** _____

Signed by Licensed Resident Agent _____
(Where Required By Law)