



Main Office
397 Eagleview Blvd.
Suite 100
Exton, PA 19341

Renewal Application for Services Accounts

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.

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

Renewal Information

1. Name of Applicant _____
 Principal Contact _____
 E-mail Address _____
 Mailing Address _____
 Telephone # _____ Fax # _____
 Website _____

2. Please describe any changes in ownership or management structure of the insured during the past policy term

3. Please provide your firm's revenue for the:
 Last full period ending (enter month/year) _____ / _____ = \$ _____
 Estimated current period ending (enter month/year) _____ / _____ = \$ _____
 Estimated next period ending (enter month/year) _____ / _____ = \$ _____

4. Please describe any material changes in the breakdown of your Company's staff _____

5. Please provide the estimated percentage of your Company's total revenues derived from the following types of projects:

Category	Percentage	Category	Percentage
Apartments		Institutional & Education	
Condominiums/Townhouses		Stadium & Arena	
Single Family/Tract Homes		Paving – Street & Road	
Hospitals/Healthcare		Highway/Bridge	
Hotels/Motels		Water/Waste Treatment	
Industrial/Manufacturing		Utility – Sewer & Water	
Commercial Office		Pipeline – Oil & Natural Gas	
Commercial Retail		Other (please describe)	

Renewal Information *Continued*

Yes No

6. Services - Please provide an estimated breakdown of the type of services to be performed by your company during the next policy term

Services	Projected Revenue	% Performed In-House	% Sub-Contracted
Total:			

7. Project delivery breakdown

Category	Construction Values	Professional Fees	Payroll associated with activity
Construction only (<i>responsibilities do not include professional</i>)		N/A	
Construction Management At Risk			N/A
Construction Management Agency			N/A
Design Build with Subcontracted Design			N/A
Design Build with In-House Design			N/A
Other:			

8. Do you always require subcontracted design firms to carry Professional coverage? Yes No

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 design firms? \$ _____

Do you obtain evidence of such coverage prior to engaging their services? Yes No

9. Do you always require subcontracted contracting firms to carry Pollution coverage? Yes No

If no, please describe in detail when the contracting firm would not be required 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? Yes No

10. Are there any known incidents/circumstances that have not been reported to the Company that may reasonably be expected to give rise to a claim under the policy? Yes No

If yes, please explain _____

11. Have there been any complaints, notices of violation, fines, penalties, or other enforcement actions regarding pollution conditions and/or compliance with environmental law which have not already been reported to the Company? Yes No

If yes, please explain _____

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 and made a part of this application:

1. Will be relied upon by Great American Insurance Companies 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 Broker/Agent _____

Print Name _____

Date _____

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