



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

## Great American Insurance Group Application for Professional and Contracting Services

### Instructions:

This form must be dated and signed by a principal of your Company. Answer all questions completely. 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.

### Applicant Information

1. Name of Applicant \_\_\_\_\_  
Principal Contact \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
2. Desired effective date of coverage \_\_\_\_\_
3. Desired Limits of Liability and Retention Amount:  
Each Loss Limit \$ \_\_\_\_\_ Aggregate Limit \$ \_\_\_\_\_ Retention Amount \$ \_\_\_\_\_
4. Please provide the Insured's total annual contracting revenues for the following:  
\$ \_\_\_\_\_ for the prior calendar year \$ \_\_\_\_\_ estimated for the current calendar year.

### Contracting Services

5. Please provide information associated with the following Contracting Services:

Contracting Services	Current Annual Revenue	Projected Annual Revenue
Asbestos, Lead or Mold Abatement		
Demolition		
Dredging		
Drilling		
Drywall		
Electrical		
Environmental Contracting		
Excavation/Grading		
General Contractor		
Glazier		
HVAC		
Industrial Cleaning/Maintenance		
Marine		
Masonry/Concrete		
Mechanical ( <i>non-HVAC</i> )		
Painting		
Pipeline		
Plumbing		
Road/Street		

## Contracting Services Continued

Contracting Services	Current Annual Revenue	Projected Annual Revenue
Roofers/Siding		
Steel Erection		
Utility – Sewer & water		
Other (please describe)		

## Project Delivery breakdown

6. Please complete this table as it applies to percentage of annual construction values. Please note that percentages must add up to 100%.

Category	Percentage	Category	Percentage
Apartments (other than wood frame construction)		Pipeline	
Apartments/Condominiums (wood frame construction)		Stadium & Arena	
Single Family/Tract Homes		Paving – Street & Road	

7. Are any operations performed outside of the United States or Canada? Yes ☐ No ☐

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

Category	Percentage	Category	Percentage
Apartments (other than wood frame construction)		Pipeline	
Apartments/Condominiums (wood frame construction)		Stadium & Arena	
Single Family/Tract Homes		Paving – Street & Road	
Hospitals/Healthcare		Highway/Bridge	
Hotels/Motels		Water/Waste Treatment	
Industrial/Manufacturing		Utility – Sewer & Water	
Landfills		Primary Education	
Parking Structures		Colleges	
Commercial Office or Retail		Other (please describe) _____	
Energy			

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

Location	Percentage	Category
1.		Pipeline
2.		Stadium & Arena
3.		Paving – Street & Road

**Project Delivery breakdown Continued**

	Yes	No
10. Are there any pollution conditions associated with the locations listed above? <b>If yes</b> , please provide additional detail regarding the pollution conditions.	<input type="checkbox"/>	<input type="checkbox"/>
11. Within the last five (5) years has the applicant purchased Professional Liability or Contractor Pollution Liability Insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
12. Within the last five (5) years have any claims been made or legal actions <i>(including regulatory actions)</i> been brought against any prospective Insureds?	<input type="checkbox"/>	<input type="checkbox"/>
13. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input type="checkbox"/>
14. 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?	<input type="checkbox"/>	<input type="checkbox"/>
15. 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? <b>If the answer to question 12., 13., 14., or 15. above was yes</b> , please provide a description of the circumstance or claim <i>(detail the actual or alleged incident, location, date, type of injury and/or damage, etc.)</i> . 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.	<input type="checkbox"/>	<input type="checkbox"/>

**Please complete warranty, authorized signature and continuing duty to update on following page.**

**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 \_\_\_\_\_

Signature of Broker/Agent \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Title \_\_\_\_\_

Signed by Licensed Resident Agent \_\_\_\_\_  
*(Where Required By Law)*

## Insurance Fraud Warning Statement

<b>ALABAMA</b> §27-12A-20	<p><b>At least one of the following forms: Claim release forms, applications, reinstatements for insurance, participation agreements, declaration pages, and claim documents, regardless of the method or form of transmission:</b></p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.</p>
<b>ALASKA</b> §21.36.380	<p><b>All insurance claim forms:</b></p> <p>A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.</p>
<b>ARIZONA</b> §20-466.03	<p><b>All insurance claim forms:</b></p> <p>For your protection, Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.</p>
<b>ARKANSAS</b> §23-66-503	<p><b>Claim forms, proofs of loss, or any similar documents, however designated, seeking payment or benefit pursuant to an insurance policy, and applications for insurance, regardless of the form of transmission:</b></p> <p>Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<b>CALIFORNIA</b> §1871.2 §1879.2	<p><b>All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms:</b></p> <p>For your protection, California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.</p>
<b>COLORADO</b> §10-1-128	<p><b>All insurance applications, or all policy forms, or all claim forms:</b></p> <p>It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p>
<b>DELAWARE</b> 11 §913	<p><b>All insurance claim forms:</b></p> <p>Any person who knowingly, and with intent to injure, defraud or deceive any insurer, files a statement of claim containing any false, incomplete or misleading information is guilty of a felony.</p>

<b>DISTRICT OF COLUMBIA</b> §22-3225.09	<p><b>All insurance applications and claim forms:</b> WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.</p>
<b>FLORIDA</b> §817.234	<p><b>All insurance applications and claim forms:</b> Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.</p>
<b>IDAHO</b> §41-1331	<p><b>All insurance claim forms:</b> Any person who knowingly, and with intent to defraud or deceive any insurance company, files a statement containing any false, incomplete, or misleading information is guilty of a felony.</p>
<b>INDIANA</b> §27-2-16-3	<p><b>All insurance claim forms:</b> A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.</p>
<b>KENTUCKY</b> §304.47-030	<p><b>All insurance claim forms:</b> Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing 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.</p> <p><b>All insurance application forms:</b> Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.</p>
<b>LOUISIANA</b> §40:1424	<p><b>All insurance applications and claim forms:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<b>MAINE</b> 24-A §2186(3) (A)	<p><b>All insurance applications and claim forms:</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.</p>
<b>MARYLAND</b> §27-805	<p><b>All insurance applications and claim forms:</b> Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<b>MINNESOTA</b> §60A.955	<p><b>All insurance claim forms:</b> A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.</p>

<b>NEW HAMPSHIRE</b> §402:82	<p><b>All insurance claim forms:</b> Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA638:20.</p>
<b>NEW JERSEY</b> §17:33A-6	<p><b>All insurance claim forms:</b> Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.</p>
<b>NJAC</b> 11:16-1.2	<p><b>All insurance application forms:</b> Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p>
<b>NEW MEXICO</b> §59A-16C-8	<p><b>All insurance applications and claim forms:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.</p>
<b>NEW YORK</b> §403(d) 11 NYCRR §86.4	<p><b>All insurance applications and claim forms except auto:</b> 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.</p>
<b>OHIO</b> §3999.21	<p><b>All insurance applications and claim forms:</b> Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.</p>
<b>OKLAHOMA</b> §3613.1	<p><b>All insurance applications, policy and claim forms:</b> WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.</p>
<b>PENNSYLVANIA</b> 18 Pa.C.S. § 4117	<p><b>All insurance applications and claim forms:</b> 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.</p>
<b>RHODE ISLAND</b> §27-29-13.3 §27-54.1-3	<p><b>All insurance applications and claims forms:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.</p>
<b>TENNESSEE</b> §56-53-111	<p><b>All insurance applications and claim forms:</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.</p>

<b>TEXAS</b> §704.002(a)	<b>All insurance claim forms:</b> Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.
<b>VIRGINIA</b> §52-40	<b>All insurance applications and claim forms:</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WASHINGTON</b> §48.135.080	<b>All insurance applications and claim forms:</b> It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
<b>WEST VIRGINIA</b> §33-41-3	<b>All insurance applications and claim forms:</b> Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.