

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

Name of Applicant _____

Principal Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Desired effective date of coverage _____

Questions

1. Desired Limits of Liability and Retention Amount:

Each Loss Limit \$ _____	Aggregate Limit \$ _____	Retention Amount \$ _____
Each Loss Limit \$ _____	Aggregate Limit \$ _____	Retention Amount \$ _____
Each Loss Limit \$ _____	Aggregate Limit \$ _____	Retention Amount \$ _____
Each Loss Limit \$ _____	Aggregate Limit \$ _____	Retention Amount \$ _____

2. Please provide the Insured's total annual contracting revenues for the following:

\$ _____ for the prior calendar year.

\$ _____ estimated for the current calendar year.

3. Contracting Services - Please provide information associated with the following Contracting Services:

Contracting Services	Percentage of Annual Revenue	Contracting Services	Percentage of Annual Revenue
Air Conditioning		Fire Proofing	
Asbestos Abatement		Fire Restoration	
Concrete		Flooring	
Demolition		General Contractor	
Dredging		Glazier	
Drilling (other than horizontal drilling for utilities)		HVAC	
Drywall		Highway	
Electrical		Industrial Cleaning / Maintenance	
Elevator Services		Insulation	
Environmental Contracting		Landscaping	
Excavation/Grading		Marine Services	
Exterminator		Masonry	
Farming/Agricultural Services		Mechanical	
Fencing		Mold Abatement	

Questions Continued

Contracting Services	Percentage of Annual Revenue	Contracting Services	Percentage of Annual Revenue
Oilfield / Gas Well Services		Steel Erection	
Painting		Tank Installation / Repair	
Paving		Telecommunications	
Pipeline Installation / Maintenance		Tree Services	
Plumbing		Utility – Sewer, water & gas	
Roofing		Other (please describe) _____	
Solar Energy			

4. 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
Construction only		Design-Build with design subcontracted	
Construction Management at Risk		Design-Build with in-house design	
Construction Management Agency		Engineer/Procure/Construct	
Design Only		Other (please describe) _____	

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

6. Please list any requested additional insureds for the proposed coverage.

Additional Insured	Relationship to First Named Insured

7. Please list any requested additional named insureds for the proposed coverage.

Additional Insured	Relationship to First Named Insured

Questions Continued

	Yes	No
Additional Named Insureds will be limited to related entities whose services, revenues and all other representations are included in this application.		
8. Are any operations performed outside of the United States or Canada?	<input type="checkbox"/>	<input type="checkbox"/>
9. Within the last five (5) years has the applicant purchased Professional Liability or Contractor Pollution Liability Insurance coverage?	<input type="checkbox"/>	<input type="checkbox"/>
10. 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"/>
11. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents?	<input type="checkbox"/>	<input type="checkbox"/>
12. 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"/>
13. 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?	<input type="checkbox"/>	<input type="checkbox"/>
<p>If the answer to question 13., 12., 11., or 10. above was yes, 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.</p>		

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 and made a part of this application:

- Will be relied upon by Great American Insurance Companies in determining the acceptability of the prospective Insureds and the premium amount to be charged;
- Are true, accurate and complete; and
- 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.

Signature of Authorized Applicant _____

Signature of Broker/Agent _____

Print Name _____

Print Name _____

Date _____

Date _____

Title _____

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

This Statement is provided to you with the insurance application or claim form that you are filing. READ the applicable Fraud Warning Statement for the state in which your claim or application is being made before executing and submitting the attached document to the Insurer or your agent.

Insurance Fraud Warning Statement

ALABAMA §27-12A-20	<p>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:</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>
ALASKA §21.36.380	<p>All insurance claim forms:</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>
ARIZONA §20-466.03	<p>All insurance claim forms:</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>
ARKANSAS §23-66-503	<p>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:</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>
CALIFORNIA §1871.2 §1879.2	<p>All insurance applications, all forms upon which an insured can make changes to an existing policy, and all claim forms:</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>
COLORADO §10-1-128	<p>All insurance applications, or all policy forms, or all claim forms:</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>

Insurance Fraud Warning Statement *Continued*

DELAWARE 11 §913	All insurance claim forms: 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.
DISTRICT OF COLUMBIA §22-3225.09	All insurance applications and claim forms: 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.
FLORIDA §817.234	All insurance applications and claim forms: 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.
IDAHO §41-1331	All insurance claim forms: 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.
INDIANA §27-2-16-3	All insurance claim forms: 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.
KENTUCKY §304.47-030	All insurance claim forms: 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. All insurance application forms: 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.
LOUISIANA §40:1424	All insurance applications and claim forms: 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.
MAINE 24-A §2186(3) (A)	All insurance applications and claim forms: 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.

Insurance Fraud Warning Statement Continued

MARYLAND §27-805	All insurance applications and claim forms: 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.
MINNESOTA §60A.955	All insurance claim forms: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.
NEW HAMPSHIRE §402:82	All insurance claim forms: 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.
NEW JERSEY §17:33A-6	All insurance claim forms: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.
NJAC 11:16-1.2	All insurance application forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
NEW MEXICO §59A-16C-8	All insurance applications and claim forms: 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.
NEW YORK §403(d) 11 NYCRR §86.4	All insurance applications and claim forms except auto: 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.
OHIO §3999.21	All insurance applications and claim forms: 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.
OKLAHOMA §3613.1	All insurance applications, policy and claim forms: 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.

Insurance Fraud Warning Statement Continued

PENNSYLVANIA 18 Pa.C.S. § 4117	All insurance applications and claim forms: 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.
RHODE ISLAND §27-29-13.3 §27-54.1-3	All insurance applications and claims forms: 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.
TENNESSEE §56-53-111	All insurance applications and claim forms: 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.
TEXAS §704.002(a)	All insurance claim forms: 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.
VIRGINIA §52-40	All insurance applications and claim forms: 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.
WASHINGTON §48.135.080	All insurance applications and claim forms: 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.
WEST VIRGINIA §33-41-3	All insurance applications and claim forms: 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.