

General Information Continued

8. Contracting Services - 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		
Roofers / Siding		
Steel Erection		
Utility – Sewer & water		
Other (<i>please describe</i>)		

General Information Continued

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

Category	Percentage	Category	Percentage
Apartments/Condominiums <i>(other than wood frame construction)</i>		Pipeline	
Apartments/Condominiums <i>(wood frame construction)</i>		Stadium & Arena	
Single Family 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 <i>(Please describe)</i>	
Energy			

10. 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.		

11. Are there any pollution conditions associated with the locations listed above? Yes No
If yes, please provide additional detail regarding the pollution conditions.

12. Within the last five (5) years has the applicant purchased Professional Liability or Contractor Pollution Liability Insurance coverage? Yes No

13. Within the last five (5) years have any claims been made or legal actions *(including regulatory actions)* been brought against any prospective Insureds? Yes No

14. Within the last five (5) years have any of the prospective Insureds been involved in any pollution incidents? Yes No

15. 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? Yes No

16. 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? Yes No

If the answer to question 13., 14., 15., or 16. 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.

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)