

CONTRACTORS' SUPPLEMENTAL QUESTIONNAIRE

1	1. [N	a	m	e	4 1	n	9	п	re	ч	•
		ıv						-	ш		u	

- 2. Business Address:
- 3. Years In Business Under Current Name:
- 4. List all Previous Business Names:
- 5. Contractors License Number:
- 6. States In Which You Are Licensed To Do Business:
- 7. Percentage of Work performed as a:
 - a) General Contractor:
 - b) Sub Contractor:
- 8. Percentage of Work that is:
 - a) Commercial:
 - b) Residential:
 - c) Industrial:
 - d) Other (describe):
- 9. Percentage of Work that is:
 - a) New Construction:
 - b) Remodel/Repair:
- 10. If you are performing residential work on new home construction, how many new homes are worked on in a year?
- 11. Estimate for next 12 months:

Payroll: \$

Sub-Contract Cost: \$

Sales: \$

12. Indicate the anticipated percentage of construction work over the next 12 months to be performed by you and by sub contractors:

Direct	/ Subbe	d	Direct	/ Subbed	Direct / S	Direct / Subbed			
Blasting	%	%	Excavation	%	%	Railroad	%	%	
Bridge Bldg.	%	%	Grading	%	%	Roofing	%	%_	
Carpentry	%	%	Insulation	%	%	SeismicRetro-Fittin	%	%	
Concrete	%	%	Landscaping	%	%	Sewer	%	%	
Demolition	%	%	Marine Const.	%	%	Steel (Structural)	%	%	
Drilling	- %	%	Masonry	%	%	Steel (Omamental)	%	%	
Earthquake Rep	%	%	Painting	%	%	Street / Road	%	%	
Electrical	1%	%	Platering	%	%	Supervisory	%	%	
Other	1%	%	Plumbing	%	%	Water / Gas Mains	%	%	

GBA 100007 13. Do any 0	7 0306 of your operations inv	olve:								Page 1
	a) Asbestos Remov	al?	•	Yes	•	No				
	b) Pile Driving?	•	•	Yes	•	No				
	c) Blasting?	•	•	Yes	•	No				
	d) Shoring or Under	pinning?	•	Yes	•	No				
	e) Demolition?	•	•	Yes	•	No				
	f) Railroad easemer	nt?	•	Yes	•	No				
	g) Synthetic Stucco	(EIFS)?	•	Yes	•	No				
14. Do you	now, or have you eve	er built o	n hi	illside	s,	slopes, landfills, or o	ther terra	ins susce	ptible to subside	ence?
	Yes • No	If so, p	leas	se de	sci	ribe:				
15. Do you	draw any plans or blo	ueprints	use	d in y	ou	r construction work?		• Yes	• No	
	o, please describe:									
16. If you a	re a roofing contracto	or or othe	erwi	ise pe	rfo	orming roofing work, v	what perce	entage of	operations is:	
		a) Hot	Tar	?						%
		b) Foar	n a	pplica	atic	on?		%		
		c) Toro	hdo	own?					%	
		d) Exc	ess	four	(4)	stories?	%			
		e) N/A	•							%
		If so, c	om	plete	R	oofing Supplemental	Application	on.		
CONTROL	LING THE SUBCO	NTACTO)R	S EX	PC	SURE				
If you NEV	ER hire subcontract	ors pleas	se c	check	he	ere • and skip to ne	ct section	-Historica	Premium Basis	S .
1. Do you a	always require your s	ubcontra	cto	rs to	sig	n a hold-harmless or	indemnif	ication ag	reement in your	favor?
•	Yes • No									
2. Do you	utilize a standard cor	ntract wit	h a	ll you	r sı	ubcontractors? • Ye	s• No			
3. a)	Do you require your	subcontr	act	ors to	Cá	arry General (Public)	Liability Ir	nsurance?		• Yes

CONTROLLING THE SUBCONTACTORS EXPOSURE

No

No

b) Do you require that you are named as an Additional Insured on their policies?

Yes

c) What limit of liability do you require your subcontractors to carry?

d) Do you request certificates of Insurance from subcontractors in order to verify compliance with items 3a, 3c above? • Yes • No 3b, and

4. Do you require your subcontractors to carry worker's compensation insurance? • • Yes • No

GBA 100007 0306 HISTORICAL PREMIUM BASIS

Please complete the following chart

POLICY YEAR	GROSS RECEIPTS	PAYROLL	SUBCONTRACTED COST
Current Policy Term	\$	\$	\$
First Prior Term	\$	\$	\$
Second Prior Term	\$	\$	\$
Third Prior Term	\$	\$	\$
Fourth Prior Term	\$	\$	\$
Fifth Prior Term	\$	\$	\$

5. Please describe the five largest projects undertaken by you in the past five years:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	
	\$	

6. Please describe the three largest projects planned for the upcoming year:

DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION
	\$	
	\$	
	\$	
	\$	

\$

- 7. What is the average dollar value of a completed project?
- 8. Please describe any types of projects that you have discontinued (i.e. no longer build):

SUPPLEMENTAL INFORMATION

1. Are you involved in any other business besides contracting?

If so please describe:

- 2. Have you been involved in or are you aware of pending litigation concerning defective workmanship?
 - · Yes · No. If so please describe:
- In the past ten years, present policy period or upcoming policy period, has or will any of your work involve new construction activities for multi-unit residential projects including condominiums, townhouses, tract house subdivisions

or master planned residential communities?

· Yes · No

Page 3 GBA 100007 0306 The undersigned applicant warrants that the above statements and particulars together with any attached or appended documents are true and complete and do not misrepresent, misstate or omit any material facts. The applicant agrees to notify us of any material changes in the answers to the questions on this questionnaire which may arise prior to the effective date of any policy issued pursuant to this questionnaire and the applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at our sole discretion. Notwithstanding any of the foregoing, the applicant understands that we are not obligated or under any duty to issue a policy of insurance based upon this information. The applicant further understands that if a policy of insurance is issued, this questionnaire will be incorporated into and from a part of such policy. Signature of applicant: _____ Title (Officer, Partner): Signing this questionnaire does not bind the applicant or the insurer or the underwriting manager to provide the insurance. SIGNATURE REQUIRED **NEW YORK FRAUD STATEMENT** 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.

No Signature Required

Applicants Signature

Date

ARKANSAS, LOUISIANA, RHODE ISLAND, WASHINGTON AND WEST VIRGINIA FRAUD STATEMENT

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.

COLORADO FRAUD STATEMENT

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 policy holder 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.

DISTRICT OF COLUMBIA FRAUD STATEMENT

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, fines and denial of insurance benefits.

Policy Number: Insurer: LANDMARKAMERICAN INSURANCE COMPANY Named Insured: Alabama Home Program

Insured's Signature

OFFER OF TERRORISM COVERAGE

In accordance with the Terrorism Risk Insurance Act of 2002 as extended on December 22, 2005, we are required to offer the insured coverage for losses resulting from an act of terrorism, not otherwise excluded by this policy, and as covered by the Terrorism Risk Insurance Act of 2002. All other policy provisions will apply to coverage for Such act of terrorism. The insured must choose whether or not to pay the premium described below under DISCLOSURE OF PREMIUM for coverage for acts of terrorism that are certified by the Secretary of the freasury as covered acts under the Terrorism Risk Insurance Act of 2002 as extended on December 22, 2005, or not to pay the premium, and reject this offer of coverage at the time of binding.
If the premium shown in the DISCLOSURE OF PREMIUM is \$ this policy will be issued covering certified acts of terrorism unless the insured rejects coverage by signing below. The insured need only return this form if coverage is being rejected.
DISCLOSURE OF PREMIUM
If you accept this offer at the time of binding your coverage, the premium covering acts of terrorism that are certified by the Secretary of the Treasury under the Terrorism Risk Insurance Act of 2002 is \$
DISCLOSURE OF FEDERAL PARTICIPATION IN PAYMENT OF TERRORISM LOSSES The United States Government, Department of the Treasury, will pay a share of terrorism losses insured underthe federal program. The federal share equals 90% (85% in 2007) of that portion of the amount of such insured losses that exceeds the applicable insurer retention.
I reject coverage for certified acts of terrorism:

Date