

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason. _____

10. Percent of your work performed by or on behalf of the named insured:

- a. New Construction _____ % Remodeling* _____ % Repairs _____ % = 100%
- b. Outside Building _____ % Inside Building _____ % = 100%
- c. Residential _____ % Commercial _____ % Industrial _____ % = 100%

**Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

11. Do you use subcontractors? Yes No If yes:

- a. Do you request certificates of insurance from subcontractors? Yes No
- b. Limits required _____
- c. Describe all contracts and/or hold harmless agreements, whether written or oral. _____

12. CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

13. Provide the following information: *exclude payroll of owner(s), clerical, sales

Year	*Total Payroll	Total Costs of Work Subcontracted to Others	Type Work Subcontracted to Others	Total Receipts
Current Est.				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

14. Do you construct any residential or commercial:
- | | |
|--|---|
| a. footings or foundations? <input type="checkbox"/> Yes <input type="checkbox"/> No | d. retaining walls or site preparations? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. slab or monolithic floors? <input type="checkbox"/> Yes <input type="checkbox"/> No | e. door, window or assembled millwork? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. chimneys? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Do you anticipate getting into any of the above type work? Yes No

- 15. Do you draw plans, designs or specifications? Yes No
- 16. Do you do excavation, tunneling, underground work or earth moving? Yes No
- 17. Do you perform operations that include blasting or utilize explosive material? Yes No
- 18. Do you rent or loan machinery or equipment to others? Yes No
- 19. Have you ever sold, acquired, or discontinued any operations in the last 5 years? Yes No
- 20. Do you specialize in any part of the construction of the following types of buildings? Yes No

- Nursing Homes
- Day Care Centers
- Hospitals
- Condominiums
- Apartments
- Multi-family Habitational
- Hotels/Motels

If yes, explain. _____

21. Attach a list of jobs completed in the last 3 years and jobs currently in progress.

COMMENTS/EXPLANATIONS _____

COVERAGES/LIMITS

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate

- Personal and Advertising Injury
 - Contractual Liability
 - Damage to Premises Rented to You
 - Medical Payments

- \$ _____ Personal and Advertising Injury
- \$ _____ Each Occurrence
- \$ _____ Damage to Premises Rented to You
- \$ _____ Medical Payments

Annual payroll _____ Gross sales _____
 # of employees _____ # of owners _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

Signature of Applicant Title Date

Signature of Producing Agent Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED