

1 SCOTTSDALE INSURANCE COMPANY%

Home Office:
 One Nationwide Plaza • Columbus, Ohio 43215
 Administrative Office:
 8877 North Gainey Center Drive • Scottsdale, Arizona 85258
 1-800-423-7675 • Fax (480) 483-6752

Contractors/Developers General Liability Application

Applicant's Name _____

 Mailing Address _____

Agent Name Emilio Figueroa - Gaslamp Insurance Services
 Address 739 4th Avenue, Suite 206
San Diego, CA 92101

PROPOSED EFFECTIVE DATE:

From _____ To _____
 12:01 A.M., Standard Time at the address of the Applicant

Applicant is: Individual Corporation Partnership Joint Venture
 Limited Liability Company Other (Specify) _____

LIMITS OF LIABILITY REQUESTED

PREMIUMS

General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
Deductible	\$	\$

A. Length of time in business: _____ years. Years of experience: _____ Are you licensed? Yes No
 Kind of license and no.: _____ Year license issued: _____

B. Applicant is a (% of each) General contractor _____ % Subcontractor _____ % Developer _____ %

C. State/area of operations _____ Radius of operations from main location: _____ miles.

D. Describe all operations in detail: _____

E. List all major projects completed within the past five years, including work in progress and planned projects (list all project names, partnerships, joint ventures, corporations, etc.): _____

F. Total number of employees? _____

G. Account history for prior 5 years:

	Payroll	Total Revenue	Total Subcontracted Cost
1st prior			
2nd prior			
3rd prior			
4th prior			
5th prior			

Subcontractor Operations Performed for Applicant

H. List subcontractor trades used:

_____ % _____ % _____ %
 _____ % _____ % _____ %
 _____ % _____ % _____ %

I. Are certificates of insurance obtained from subcontractors? Yes No

Minimum Limits Required \$ _____

J. Are written contracts obtained from all subcontractors which include a hold harmless clause in your favor? Yes No

If no, explain when not required: _____

K. Are you named as an additional interest on the subcontractors' policies? Yes No

L. Do you normally use the same subcontractors? Yes No If no, do you put all subbed work out for bids? Yes No

Operations by Applicant

M. Indicate type of construction work performed by your employees:

Blasting	____%	Insulation	____%	Roofing	____%
Bridge building	____%	Maintenance	____%	Sewer	____%
Carpentry	____%	Masonry	____%	Steel (ornamental)	____%
Concrete	____%	Mechanical	____%	Steel (structural)	____%
Drilling	____%	Painting	____%	Street/road	____%
Earthquake reinforcement	____%	Plastering	____%	Supervisory only	____%
Electrical	____%	Plumbing	____%	Tunneling	____%
Excavating	____%	Process Piping	____%	Wrecking/demolition	____%
Gas mains	____%	Removal/installation of underground tanks	____%	Other (describe)	____%

N. Indicate % of work performed in:

New construction ___% Remodeling ___% Demolition ___% Repair ___% Other ___%
Commercial ___% Industrial ___% Residential ___% Institutional ___% Other ___%
Inside building ___% Outside building ___% Condos ___% Single family dwellings ___%
Contract basis ___% With penalty clause ___% Time & Material ___%
Construction manager for fee only ___% Developer (with hired general contractor) ___%

O. Have you ever been involved as a General Contractor in the building of Residential Homes, Condominiums, Townhouses or Apartment Buildings? Yes No If yes, maximum number built during any 12-month period during the last five years:

___ Residential Homes ___ Condos
___ Townhouses ___ Apartment Buildings

P. Is any work done involving systems that provide:

Medical and/or industrial life support Process piping Dams/levees

Q. Does work require monitoring by:

Certified inspectors Resident inspectors Part-time When called

R. Any work performed above two stories in height from grade? Yes No Maximum number of stories: ___

S. Any work performed below grade? Yes No Maximum depth: ___ ft. ___% of total work

T. Is scaffolding owned, rented or erected? _____

Are other contractors at job site allowed to use it? Yes No

U. Do you have a formal safety program in operation? Yes No Please explain and/or provide a copy: _____

V. Do you have a formal home warranty program? Yes No If yes, please give details: _____

W. Have you ever built or do you intend on building on hillsides, slopes, landfills or in subsidence areas? Yes No

If yes, explain: _____

Percent of grade ___% Prior testing (geological, topical)? Yes No If yes, explain: _____

Which geological survey engineering firm do you use? _____

Underpinning? Yes No Any past subsidence losses? Yes No If yes, explain _____

X. Do you have model homes? Yes No If yes, give #: _____ Location: _____

Y. Do you own any Vacant Land or Real Estate Development Properties? Yes No If yes, indicate locations and number of acres per location: _____

Z. Do you or any of your employees hold a Real Estate Agent's license? Yes No If yes, has Professional Liability Coverage been obtained? Yes No Limit of Liability: \$ _____

AA. Any other operations outside the realm of "contracting"? Yes No Describe: _____

BB. Any mobile equipment leased from others? Yes No If yes, from whom? _____

Lease basis? _____ Operators provided? Yes No

Type of equipment leased? _____

CC. Do you carry an all risk contractor's equipment floater? Yes No

Is automatic acquisition on leased, rented or replaced equipment provided? Yes No Limits: _____

***Attach list of contractor's equipment.

DD. Do you hold other persons' property for service, storage, or repair? Yes No

EE. Any underground storage tanks? Yes No If yes, when was it inspected and by whom? _____

FF. Any employees working under: U.S. Longshoremen's and Harborworkers' Act? Yes No

Jones Maritime Act? Yes No

If yes, what percent of payroll? _____% Give city and state: _____

GG. Does applicant have Workers' Compensation coverage in force? Yes No

HH. Does applicant lease employees? Yes No

II. Dollar value of average job completed: \$ _____

JJ. During the past three years has any company ever cancelled, non-renewed, declined or refused to issue similar insurance to the applicant? (Not applicable in Missouri) Yes No

If yes, explain: _____

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

SCHEDULE OF HAZARDS

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other	Terr.	Rate		Premium	
					Prem./Ops.	Products	Prem./Ops.	Products

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT _____

IMPORTANT NOTICE

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

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

Copy this page onto your letterhead, sign & fax back

July 22, 2005

RE: General Liability Loss History Request

Policy Number: _____

Insurance Company: _____

Policy Period: _____

Dear Sirs:

Please release any and all **loss history**/data on this account for the prior 5 years or the duration of coverage for this account.

Please mail hard copies directly to our offices at the address listed above and **fax A.S.A.P. to 619-238-4387**.

Thank you for your cooperation.

Sincerely,

Peter Borawski