



SUPPLEMENTAL CONTRACTORS APPLICATION – PAST PROJECTS

FOR CONSIDERATION OF THE REMOVAL OF THE “PAST PROJECTS EXCLUSION”, COMPLETE THE FOLLOWING:

- ANSWER ALL QUESTIONS.
- QUESTIONNAIRE MUST BE SIGNED AND DATED BY OWNER, PARTNER OR OFFICER.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS APPLICATION.

Applicant: _____

During the past five (5) years, has any insurer ever cancelled, declined or refused to issue similar insurance to you or has any finance company cancelled you for non-payment of premium?

Yes No

If "Yes" please explain: _____

During the last five (5) years, have you performed work on/for any of the following: (If YES, describe in detail on separate sheet):

Residential New Construction (tract or custom homes) Yes No

Residential Structural Remodeling Yes No

Residential Condominiums/Townhouses Yes No

Residential Condominium Associations Yes No

Residential Condominium Conversions Yes No

Have you changed any Operations in the last four (4) years? (i.e. Residential Work to Commercial Work)

Yes No If Yes, describe in detail on separate sheet.

Have you changed your Specialty in the last four (4) years? (i.e. Plumbing to Electrical)

Yes No If Yes, describe in detail on separate sheet.

PLEASE CAREFULLY READ THIS STATEMENT

The undersigned Applicant warrants that the above statements and particulars, together with any attached or appended documents or materials ("this Application"), are true and complete and do not misrepresent, misstate or omit any material facts. Furthermore, the Applicant authorizes the Company, as administrative and servicing manager, to make any investigation and inquiry in connection with the Application as it may deem necessary.

The Applicant agrees to notify the Company of any material changes in the answers to the questions on this Application which may arise prior to the effective date of any policy issued pursuant to this Application and the Applicant understands that any outstanding quotations may be modified or withdrawn based upon such changes at the sole discretion of the Company.

Notwithstanding any of the foregoing, the Applicant understands the Company is not obligated nor under any duty to issue a policy of insurance based upon this Application. The Applicant further understands that, if a policy is issued, this Application will be incorporated into and form a part of such policy.

Signature of Applicant: * _____

Title (Owner, Officer, Partner): _____

Date: _____

SIGNING THIS QUESTIONNAIRE DOES NOT BIND THE APPLICANT OR THE INSURER OR THE ADMINISTRATIVE AND SERVICING MANAGER TO COMPLETE THE INSURANCE.

* Must be signed by the owner, executive officer or partner of the company.