

| | | | |
|--|-----------------------------------|---|----------|
| Coverage Requested: | S.I.R.: | Limits: | |
| <input type="checkbox"/> Manuscript Occurrence w/ 2 Year Sunset | <input type="checkbox"/> \$1,000 | General Aggregate | \$ |
| | <input type="checkbox"/> \$1,500 | Products-Completed Operations Aggregate | \$ |
| <input type="checkbox"/> Manuscript Occurrence - Full | <input type="checkbox"/> \$2,500 | Personal & Advertising Injury | \$ |
| | <input type="checkbox"/> \$5,000 | Each Occurrence | \$ |
| <input type="checkbox"/> Blanket Additional Insured Endorsement - Company Form | <input type="checkbox"/> \$7,500 | Fire Damage (Any One Fire) | \$50,000 |
| | <input type="checkbox"/> \$10,000 | Medical Expenses (Any One Person) | \$ 5,000 |

Schedule of Hazards:

| Classification Description | Class Code | Gross Sales | Exposure - Gross Receipts |
|----------------------------|------------|-------------|---------------------------|
| | | | |
| | | | |

Gross Receipts Next 12 Months: _____ Actual Gross Receipts 2005: \$ _____ Actual Gross Receipts 2004: \$ _____

Percentage of Work - Each Section Total Must Equal 100%:

| Description | % | Description | % | Description | % | Description | % |
|----------------------|---|------------------|---|---------------|---|-----------------|---|
| General Contractor | | New Construction | | Commercial | | Interior | |
| Sub-Contractor | | Remodeling | | Industrial | | Exterior | |
| Construction Manager | | Service/Repair | | Residential | | Other (Explain) | |
| Other (Explain) | | Demolition | | Institutional | | | |
| 100% | | 100% | | 100% | | 100% | |

Have You Performed During the Past 3 Years and/or Do You Plan to Perform in the Next 12 Months Any Work Involving the Following:

| | Yes | No | | Yes | No | | Yes | No | | Yes | No |
|--------------------|-----|----|-------------------------|-----|----|--------------------------|-----|----|------------------------|-----|----|
| Airports | | | Dams, Levees or Bridges | | | Extermination | | | Scaffolding Erection | | |
| Asbestos Abatement | | | Demolition | | | Flood Control | | | Ship Repair/ Pier Work | | |
| Blasting | | | Drilling | | | HOA / Condo Associations | | | Tract Homes | | |
| Bridge Building | | | Earthquake Retrofit | | | Oil Lease Work | | | Traffic Signals | | |
| Chemical Plants | | | EIFS | | | Railroads | | | Tunneling | | |
| Chemical Spraying | | | Equip. Rental to Others | | | Refineries | | | Wrap-Ups / OCIPS | | |

Explain in Detail All "Yes" Responses. Attach a Separate Sheet, Signed and Dated by The Applicant, if Necessary: _____

Current and/or Planned Work. Please List 3 Largest Jobs Currently in Progress or with Planned Start Dates in the Next 12 Months:

| Project Name & Address | Project Type | Work Performed | Anticipated Gross Receipts |
|------------------------|--------------|----------------|----------------------------|
| | | | |
| | | | |
| | | | |

_____ Applicant's Initials

The Applicant Must Provide an Answer to Each Question. Where Asked to "Explain in Full", You Must Attach a Separate Sheet of Paper, Signed and Dated by the Applicant, With The Information Requested:

- Yes No 1. Does The Applicant Provide Supervision Each Day at Each Jobsite?
- Yes No 2. Do You Always Have a Written Contract With All Subcontractors Which Includes a Hold Harmless Agreement For All Work Performed by the Subcontractor?
- Yes No 3. Is Applicant Named as A Named Additional Insured on All Subcontractors' Insurance Policies Before Each Subcontractor Arrives on the Jobsite?
- Yes No 4. Does Applicant Require All Subcontractors to Maintain Limits of Liability Equal to or Greater Than the Limits of Liability Applied for Under This Insurance Policy?
- Yes No 5. Are All Subcontractors Required to Provide Applicant With Evidence of Insurance Before Commencing Work?
- Yes No 6. Does Applicant Hold Others Harmless and/or Provide Additional Insured Endorsements to Others?
- Yes No 7. Are Subcontractors Required to have a Valid Contractors License for Trades Performed Where Required by State Law?
- Yes No 8. Does Applicant Act as a General Contractor or Developer of New Residential Construction? If "Yes", What is the Maximum Number of Homes Applicant Expects to Build Over the Next 12 Months: _____; and Do You Offer a Home Warranty Program? If "Yes", Explain in Full.
- Yes No 9. Does Applicant Have One or More Written Safety Programs in Place?
- Yes No 10. Does Applicant Check With Local Utility or Underground Service Advisory Companies Before Digging?
- Yes No 11. Has Applicant Been Cited by Any Local, State or Federal Government Agency or Licensing Bureau for Violating a Regulation or Law During the Past 5 Years? If "Yes", Explain in Full.
- Yes No 12. Has Anyone Accused the Applicant of Faulty Construction in the Past 5 Years? If "Yes", Explain in Full.
- Yes No 13. Has Applicant Been Accused of Breaching any Contract in the Past 5 Years? If "Yes", Explain in Full.
- Yes No 14. Does Applicant Perform Any Exterior Work Above 3 Stories or 35 feet?
- Yes No 15. Does Applicant Perform Work Below Grade? If "Yes", What is the Maximum Depth? _____
- Yes No 16. Is Applicant Involved in the New Construction or Conversion of Condominiums, Town homes and/or Apartments?
- Yes No 17. Does Applicant Perform Any Mold Remediation Work? If "Yes", Is There Insurance Coverage in Place for This Exposure? If "Yes", Explain in Full.
- Yes No 18. Has the Applicant Ever Been Refused a Performance Bond or Had Liability Insurance Cancelled?
- Yes No 19. Have You Allowed or Will You Ever Allow Your Contractors License to be Used by Another Contractor?
- Yes No 20. Has the Applicant, or Any Entity Owned or Controlled by the Applicant, Been Adjudged Insolvent, Bankrupt or had Liens Placed Against any Property Within the Past 5 Years? If "Yes", Explain in Full.
- Yes No 21. Does Applicant Perform Any Work Involving Hot Tar and/or Torch Down Roofing? If "Yes", Answer the Following: (i) Your Years of Experience in Utilizing These Methods: _____; (ii) Provide Specific Details on Training You Received or Provided to All Applicators of Hot Tar and/or Open Flame Materials: _____
- Yes No 22. Does Applicant Perform Any Work on Boilers and/or Machinery? If "Yes", Explain in Full:
- Yes No 23. Have You Filed a Mechanics' Lien in The Past Three Years? If "Yes", Explain in Full.
- Yes No 24. Do You Perform Any Shoring, Underpinning, Cofferdam or Caisson Work? If "Yes", Explain in Full.

Please Provide Additional Information Regarding Risks or Dangers Associated With the Applicant's Work: _____

NOTICE TO APPLICANT

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT THE EACH OF THE FACTS AND REPRESENTATIONS CONTAINED IN THIS SUPPLEMENTAL APPLICATION, ALONG WITH ALL OTHER INFORMATION SUPPLIED BY APPLICANT TO NATIONAL CONTRACTORS INSURANCE COMPANY, INC., (THE "RRG") AND ITS MANAGING GENERAL UNDERWRITER ("MGU"), ARE TRUE, COMPLETE AND ACCURATE.

THE APPLICANT UNDERSTANDS AND AGREES THAT THE RRG AND THE MGU WILL RELY ON ALL INFORMATION, FACTS AND REPRESENTATIONS SUPPLIED BY THE APPLICANT, INCLUDING THE FACTS CONTAINED IN THIS SUPPLEMENTAL APPLICATION, TO DETERMINE THE ACCEPTABILITY OF THE APPLICANT AND THE RISKS, THE RATES AND THE COVERAGES. IF THE APPLICANT DISCOVERS, AT ANY TIME, THAT ANY FACT OR REPRESENTATION MADE IN THIS OR IN ANY OTHER WRITTEN DOCUMENT PROVIDED BY OR ON BEHALF OF THE APPLICANT TO THE RRG OR THE MGU IS FALSE, MISLEADING OR INACCURATE IN ANY MANNER, THE APPLICANT IS REQUIRED TO IMMEDIATELY PROVIDE THE MGU AND RRG WITH THE TRUE FACTS AND INFORMATION, IN WRITING, WHETHER THE DISCOVERY OCCURS BEFORE OR AFTER THE INSURANCE POLICY HAS BEEN ISSUED.

THE APPLICANT UNDERSTANDS THAT ANY FALSE OR MISLEADING FACT OR REPRESENTATION GIVEN BY OR ON BEHALF OF THE APPLICANT, OR THE FAILURE TO PROVIDE THE FACTS OR INFORMATION REQUESTED, SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF ALL CLAIMS, OR, AT THE OPTION OF THE RRG, THE ASSESSMENT OF SUBSTANTIAL ADDITIONAL PREMIUM CHARGES. THE APPLICANT WARRANTS AND REPRESENTS THE APPLICANT WILL FULLY COOPERATE WITH AND ASSIST THE RRG AND THE MGU AS REQUIRED UNDER THE TERMS AND PROVISIONS OF THE INSURANCE POLICY.

_____Applicants Initials

THE APPLICANT HEREBY AUTHORIZES THE RRG AND THE MGU TO CONDUCT ANY INVESTIGATIONS AND TO MAKE ANY INQUIRIES REGARDING THE APPLICANT AND ANY INFORMATION SUPPLIED BY THE APPLICANT.

THE APPLICANT ACKNOWLEDGES AND AGREES THAT THE RRG HAS NO OBLIGATION TO ACCEPT THE APPLICANT AS A MEMBER OR TO ISSUE AN INSURANCE POLICY TO THE APPLICANT. IF AN INSURANCE POLICY IS ISSUED TO THE APPLICANT, THE APPLICANT UNDERSTANDS AND AGREES THAT THE RRG HAS RELIED ON EACH STATEMENT OF FACT AND REPRESENTATION MADE BY THE APPLICANT IN DECIDING TO ISSUE THE INSURANCE POLICY AND IN DETERMINING THE PREMIUM TO BE CHARGED. THE APPLICANT WILL ALSO NEED TO ENTER INTO A SUBSCRIPTION AGREEMENT WITH THE RRG.

THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN IN THE SUPPLEMENTAL APPLICATION ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.

THE TERMS, PROVISIONS, CONDITIONS, LIMITATIONS AND EXCLUSIONS CONTAINED IN THE INSURANCE POLICY ISSUED BY THE RRG ARE SUBSTANTIALLY DIFFERENT FROM THOSE CONTAINED IN MANY OTHER COMMERCIAL GENERAL LIABILITY INSURANCE POLICIES. THE POLICY FORM ISSUED BY THE RRG PROVIDES COVERAGE THAT IS MORE LIMITED THAN THE COVERAGES AVAILABLE UNDER THE "ISO" FORM INSURANCE POLICY OR SIMILAR TYPES OF INSURANCE POLICIES. YOU SHOULD CAREFULLY REVIEW THE ENTIRE RRG INSURANCE POLICY WITH YOUR AGENT, LEGAL COUNSEL OR OTHER INSURANCE PROFESSIONAL TO MAKE SURE THAT YOU UNDERSTAND THE COVERAGES IT PROVIDES, AS WELL AS THE EXCLUSIONS AND YOUR RIGHTS AND OBLIGATIONS UNDER THE INSURANCE POLICY.

"NOTICE

This policy is issued by your risk retention group. Your risk retention group may not be subject to all of the insurance laws and regulations of your State. State insurance insolvency guaranty funds are not available for your risk retention group."

Signature of Applicant: _____

Date: _____

Title of Party Signing Form: _____

(Must be licensed Individual, Partner or Officer)

Producer Signature: _____

Date: _____

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT IS GUILTY OF INSURANCE FRAUD.

THIS AREA INTENTIONALLY
LEFT BLANK