



McLeckie Insurance Group

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Applicant's Name: _____

Mailing Address: _____

Website Address: _____

Proposed Effective Date: From _____ To _____

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

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$
Products & Completed Operations Aggregate	\$
Personal & Advertising Injury	\$
Each Occurrence	\$
Damage To Premises Rented to You	\$
Medical Expense (any one person)	\$ EXCLUDED
Deductible	\$

1. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? _____

If so, explain _____

2. Previous Insurer: Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Pol.#	Premium	Losses Paid	Losses Reserved	Description

3. Describe exact operations: _____

4. Number of years in business under applicant name? _____ List previous business (if any): _____

5. What percentage of work is: Residential _____% Industrial _____% Commercial _____%

6. What percentage of work is: New Construction _____% Structural Remodel/Additions _____% Non-Structural Remodel _____%

7. Type of Work: General Contractor _____% Subcontractor _____% Construction Manager _____%

8. Type of license: General Contractor _____ Other: _____

9. Do you use subcontractors? No Yes If yes please complete the following:-

(a) Percentage of work subcontracted out _____%

(b) Total annual subcontracted cost (labor and materials) \$ _____
(Include cost of materials provided by you, a subcontractor, an owner, or a bank.)

(c) List the trades of the subcontractors you use and give the percentage of work they perform

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

(d) Do you collect certificates from all subcontractors? Yes No (\$300,000 minimum limits required.)
Do you require your subs to carry minimum limits of \$300,000? Yes No

(e) Do you require all subcontractors to name you as an additional insured? Yes No

If yes, have you always done so in the past? Yes No

(f) Have you ever performed work as a subcontractor for a general contractor? Yes No

If yes, what percentage? _____%

(g) Do you have a written hold harmless agreement in your favor in the contract with the subcontractors you use? Yes No

10. Provide gross receipts for the past 5 years: Current year \$ _____

Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____ Year 5 \$ _____

11. Projected gross receipts for the coming year? \$ _____

12. (a) Number of active owners/officers/partners: _____ Payroll: _____

(b) Number of active supervisors (if different from number of owners): _____

(c) Employee payroll for the past 5 years: Current year \$ _____

Year 2 \$ _____ Year 3 \$ _____ Year 4 \$ _____ Year 5 \$ _____

13. Projected payroll for the coming year? \$ _____

14. If you have employees, list classification(s) of work performed and payroll:

Employee Job Class	Employee Payroll	Employee Job Class	Employee Payroll
1)		4)	
2)		5)	
3)		6)	

15. Describe your four largest projects for the past 5 years, including values:

1) _____ 2) _____
3) _____ 4) _____

16. Describe the four largest projects planned for the upcoming year, including values:

1) _____ 2) _____
3) _____ 4) _____

17. Do you or have you acted in any capacity in the construction of new buildings? Yes No

If yes, how many do you build or have built in any one year: Residential _____ Commercial _____

18. (a) Have you ever been involved in the construction or remodeling of apartments, townhouses, condominiums, tract homes, or unplanned multi unit developments? Yes No If yes, number of units: _____

If yes, please provide type of project, specific location, total values and year built _____

(b) Do you plan to do so in the future? _____ If yes, when? _____

19. Does any work include earthquake / seismic retrofitting and/or earthquake /earth movement repair? _____

20. Do you perform any of the following?

Answer "Yes" - if the activity has or will be performed, subcontracted or supervised by the applicant
Answer "No" - if the applicant has never and does not plan to perform, subcontract, or supervise the activity.

- | | | | | | |
|--|---------|--------|---|---------|--------|
| a) Asbestos or lead abatement | ___ Yes | ___ No | m) Rental of equipment to others | ___ Yes | ___ No |
| b) Boiler installation / repair | ___ Yes | ___ No | n) Retaining walls | ___ Yes | ___ No |
| c) Concrete tilt-up construction | ___ Yes | ___ No | o) Road / highway / bridge / overpass construction | ___ Yes | ___ No |
| d) Dam work | ___ Yes | ___ No | | | |
| e) Demolition | ___ Yes | ___ No | p) Roofing | ___ Yes | ___ No |
| f) Environmental cleanup | ___ Yes | ___ No | q) Swimming pool construction | ___ Yes | ___ No |
| g) Industrial machinery repair or installation (millwright work) | ___ Yes | ___ No | r) Traffic signals / control work | ___ Yes | ___ No |
| h) LPG work | ___ Yes | ___ No | s) Underground tank removal, repair or installation | ___ Yes | ___ No |
| i) Medical &/or industrial life support | ___ Yes | ___ No | t) Use of cranes | ___ Yes | ___ No |
| j) Process piping | ___ Yes | ___ No | u) Work on gas lines or pumps | ___ Yes | ___ No |
| k) Blasting | ___ Yes | ___ No | v) Mold remediation | ___ Yes | ___ No |
| l) Fire or water restoration | ___ Yes | ___ No | w) Synthetic stucco (EIFS) | ___ Yes | ___ No |

Explain any "YES" answers to question 20, and state whether performed by insured or subcontractor: _____

21. Is any work performed below grade? _____ If yes, describe: _____

Average depth: _____ Maximum depth: _____

22. Are you involved in exterior painting? _____ What precautions are taken to prevent property damage from overspray? _____

23. Do you perform any concrete work involving room additions, structural alterations or foundations? _____

If yes, describe: _____

24. Is any equipment leased from others? _____ If yes, describe: _____

25. Are you or your subcontractors involved in any removal of asbestos, PCB's or other hazardous materials? _____

If yes, describe: _____

26. Do you draw any plans or blueprints used in your construction work? _____

If yes, describe: _____

27. Do you now or have you ever performed work on hillsides, slopes, landfills, or other subsidence areas, or do you plan to in the future? _____ If so, describe (including degree of slope): _____

28. Do you perform work above 4 stories in height other than interior remodeling? _____

If yes, what percentage _____ % Maximum height _____ ft.

Describe work: _____

29. Do you use scaffolding? _____

30. Have you ever been named in litigation regarding faulty construction or construction defect? _____

If yes, describe: _____

31. Are there any claims or legal actions pending against any of the entities named in the application? _____

If yes, explain: _____

32. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damage to any person or property that may potentially give rise to any future claim or legal action against any such entity? _____

If yes, describe: _____

33. Are you involved in any business other than contracting? _____

If yes, describe: _____

34. List the state(s) in which you operate: _____

35. With respects to CALIFORNIA and NEVADA, have you done, are you doing, or do you plan to do any work in these state(s)? _____

If yes, please explain: _____

36. Additional insured (include Name/Address): _____

What is the additional insured's interest? _____

Room for additional explanation (list question number): _____

In making this application, the Applicant agrees the insurer or their agent may as part of their underwriting procedure order investigative reports, conduct interviews, inspect premises, business or operations, review payroll and receipts, and obtain information about my character, general reputation, and personal and business characteristics. By my signature below I authorize any previous insurer listed herein to provide a full release of claims information for use in reviewing my application. This information will be held in strict confidence, and the Applicant may make a request for copies of this information. The Applicant agrees this application is not binding on any insurer, and the insurer or the agent of the insurer must first accept coverage requests. The applicant agrees the broker is not an agent of the insurer but a representative of the Applicant. The Applicant agrees this application may become a part of the contract of insurance. The Applicant agrees any misrepresentation in this application may void coverage or coverage may be recinded. The Applicant agrees incorrect or incomplete information may cause premium adjustments. By my signature below, I affirm that the statements in this application are true to the best of my knowledge.

POLICY PREMIUM	
Base \$	_____
Fee \$	_____
Tax \$	_____
Total \$	_____

APPLICANT'S STATEMENT: I hereby certify the information contained in this application is true and I agree that a misrepresentation of any of the facts by me will constitute reason for the Company to void or cancel any policy issued on the basis of this application, and I will hold the Company harmless for the action taken. I also agree that if a policy issued pursuant to this application, the application shall become part of the policy and any renewal or rewrite thereof. I understand that coverage is not in force until bound with a Company Underwriter at TAPCO Underwriters, Inc.

Applicant's Signature _____

Name and Title _____

Applicant's Phone # _____

Agency _____ Date _____

Agency Address _____

Agent's Signature _____ Agent's License Number _____

Agent's Phone # _____ Agent's Fax # _____

Agent's Email Address _____

FLORIDA FRAUD STATEMENT:
Section 817.234(1)(b). F.S. "Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false or misleading information is guilty of a felony of the third degree."

TENNESSEE / VIRGINIA FRAUD STATEMENT:
It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Upon requesting quotes and/or placement for the coverage listed herein, the producing retail broker hereby confirms that he/she has performed any and all diligent searches, as may be required by statute, for coverage through licensed carriers or other means of placement. Where allowed by governing statutes, "diligent effort" may not require an actual physical search and declination on each risk, but may be based on the retail producing broker's own experience, opinion and overall knowledge of acceptability in the admitted marketplace.

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act of 2002, as amended ("TRIA"), that you now have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act, as amended: The term "act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States-to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; and to have been committed by an individual or individuals, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Any coverage you purchase for "acts of terrorism" shall expire at 12:00 midnight December 31, 2014, the date on which the TRIA Program is scheduled to terminate or the expiry date of the policy whichever occurs first, and shall not cover any losses or events which arise after the earlier of these dates.

YOU SHOULD KNOW THAT COVERAGE PROVIDED BY THIS POLICY FOR LOSSES CAUSED BY CERTIFIED ACTS OF TERRORISM IS PARTIALLY REIMBURSED BY THE UNITED STATES UNDER A FORMULA ESTABLISHED BY FEDERAL LAW. HOWEVER, YOUR POLICY MAY CONTAIN OTHER EXCLUSIONS WHICH MIGHT AFFECT YOUR COVERAGE, SUCH AS AN EXCLUSION FOR NUCLEAR EVENTS. UNDER THIS FORMULA, THE UNITED STATES PAYS 85% OF COVERED TERRORISM LOSSES EXCEEDING THE STATUTORILY ESTABLISHED DEDUCTIBLE PAID BY THE INSURER(S) PROVIDING THE COVERAGE. YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. GOVERNMENT REIMBURSEMENT AS WELL AS INSURERS' LIABILITY FOR LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM WHEN THE AMOUNT OF SUCH LOSSES IN ANY ONE CALENDAR YEAR EXCEEDS \$100 BILLION. IF THE AGGREGATE INSURED LOSSES FOR ALL INSURERS EXCEED \$100 BILLION, YOUR COVERAGE MAY BE REDUCED.

THE PREMIUM CHARGED FOR THIS COVERAGE IS PROVIDED BELOW AND DOES NOT INCLUDE ANY CHARGES FOR THE PORTION OF LOSS COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

<input type="checkbox"/>	I hereby elect to purchase coverage for acts of terrorism for a prospective premium of \$771.00, state surplus lines tax of \$37.86, Total terrorism premium of \$808.86.
<input type="checkbox"/>	I hereby elect to have coverage for acts of terrorism excluded from my policy. I understand that I will have no coverage for losses arising from acts of terrorism.

_____ Policyholder/Applicant's Signature	Lloyd's of London _____ Company
_____ Print Name	_____ Policy Number
_____ Date	ECSID _____ Account Number