



NATIONAL CONTRACTORS INSURANCE COMPANY, INC.
A Risk Retention Group

“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.”

The words “Applicant”, “You” or “Your” refer to the person or entity applying for the insurance policy.

RENEWAL QUESTIONNAIRE

General Agent Name:		Named Insured:	
Sub-Producer:		DBA:	
Address:		Address:	
		FEIN#:	
Phone:	Fax:	Phone:	Fax:
Producer Code:		Renewal Date:	License #:
Expiring Policy #:			

1. Provide physical address if different from the address listed above: _____
2. Provide detailed description of your business, operations and services: _____
3. Confirm percentage of work performed as or in each of the following categories (each line must equal 100%):

a) General Contractor _____%	Subcontractor _____%	Project Manager _____%	= 100%
b) Residential _____%	Commercial _____%	Industrial _____%	= 100%
c) Interior _____%	Exterior: _____%		= 100%
d) New Construction _____%	Remodeling _____%	Service/Repair _____%	= 100%
4. Are you aware of any occurrence, condition, act, omission, event, harm or damages to any person or property that may potentially give rise to any future claim or legal action against you? Yes No If “Yes”, explain in detail: _____
5. Have you purchased, sold, acquired and/or formed any new entities, contracting or otherwise, during the past 12 months? Yes No
 If “Yes”, state the percentage of ownership: _____ Provide a detailed description of the operations: _____
6. Are you aware of any litigation, past or pending against your business in the past 5 years: Yes No If “Yes”, explain in detail: _____
7. Are you aware of any claims, litigation or losses that have been reported to any of your prior insurance carriers during the prior 12 months?
 Yes No If “Yes”, explain in detail: _____
8. Provide estimated annual gross receipts for upcoming 12 month period: _____ Prior 12 month Period: _____
9. Confirm desired policy limits 500/1000 1mil/1mil 1mil/2mil
10. Confirm desired S.I.R. \$1,000 \$2,500 \$5,000 \$7,500 \$10,000 Other _____
11. List the State(s) in which you conduct your business: _____
12. Have there been any other changes in operations since completing your last application for coverage through National Contractors Insurance Company, Inc. a risk retention group that have not been addressed above: Yes No If “Yes”, explain in detail: _____

NOTICE TO APPLICANT

BY SIGNING THIS APPLICATION, THE APPLICANT WARRANTS AND REPRESENTS THAT 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.

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.

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.