

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

TYPE OF CONTRACTOR

1. Describe your operations:

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction	%	Remodeling*	%	Repairs	%	= 100%
b. Outside Building	%	Inside Building	%			= 100%
c. Residential	%	Commercial	%	Industrial	%	= 100%

**Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):*

3. Do you specialize in any part of the construction of the following types of buildings? Yes No

- Nursing Homes
- Day Care Centers
- Hospitals
- Condominiums
- Apartments
- Multi-family Habitational
- Hotels/Motels

If yes, explain:

4. Percent of work on a typical project performed by:

You/Your Employees _____ % Subcontractors _____ % (Total 100%)

* If subcontracted amount is over 50%, please refer to our General Contractor guidelines.

5. Indicate whether the following types of work are done by your employees or are performed by subcontractors:

E – Employees/Owners S – Subcontractors N/A – Not Performed

	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door, Window or Assembled Mill Work – Installation - Metal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock – Inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Preparation Work (curbs, streets, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering – outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land in any stage of development or construction (e.g. excavation for utilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe):							

ROOFING OPERATIONS – For Contractors with Roofing (more than 25%, complete Roofing Application Supplement). If no roofing, skip questions 13-21.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 13. Are hot tar kettles roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Do you maintain a fire watch during and after hot work completion (including break periods)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. How long do you maintain the fire watch after hot work is completed? _____ | | |
| 16. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. How long is the hot work activity log maintained? _____ | | |
| 18. Do you have at least 3 years of experience with hot tar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Percentage of: New roofing: % Repair work: % | | |
| 20. Do you have any incidental welding exposures in your roofing business? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Do you use any unusual processes? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, include name of manufacturer and training in the process: | | |

DRYWALL OPERATIONS – For Contractors with Drywall Exposures. If no drywall, skip question 22.

22. Have you ever installed drywall that was manufactured in, or imported from, China? Yes No
- If yes: a. Companies from which you obtained drywall: _____
- b. Amount installed: _____
- c. When installed: _____

DEMOLITION OPERATIONS (other than incidental, complete Demolition Contractors Application Supplement) – For Contractors with Demolition/Wrecking Exposures. If no demolition, skip questions 23-25.

23. Describe your demolition/wrecking operations (e.g. by hand, wrecking ball, equipment used, etc.): _____
24. Do you follow Environmental Protection Agency (EPA) guidelines? Yes No
25. Are there abutting walls? Yes No
- If yes, what is done to protect any common, party, or foundation wall from damage: _____

WELDING OPERATIONS – (more than 25%, complete Welding Application Supplement) - For Contractors with Welding Exposures. If no welding, skip questions 26-35.

26. Does the insured maintain a permanent shop? Yes No
27. Percentage of work done in the shop: %
28. Percentage of work done at job sites or customer locations: %
29. Type of welding being done (e.g. metal erection, shop, oil field, factor and industrial, agricultural, etc.): _____
- | | Yes | No |
|---|--------------------------|--------------------------|
| 30. Does the insured do any of the following types of work? | | |
| a. Aircraft or Aircraft Parts | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Auto or Vehicle Welding | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Boiler and Pressure Vessel Manufacturing or Maintenance | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Oil Field Work | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pipeline Work | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Refinery Work | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Ship Building Operations | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Tank Work | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Trailer Hitches | <input type="checkbox"/> | <input type="checkbox"/> |

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 31. Does the insured work only to customer's specifications? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Does the insured design, produce, or manufacture any product, part, machine, or device? | <input type="checkbox"/> | <input type="checkbox"/> |
| 33. Are records kept of all jobs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 34. Does the insured subcontract any work?
If yes, how much: | <input type="checkbox"/> | <input type="checkbox"/> |
| 35. Insured's estimated annual receipts: \$ | | |

INDEPENDENT CONTRACTORS

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. Do you hire subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others: \$ | | |

HISTORY

1. Have you been involved in any other business besides contracting? Yes No
If yes, describe:
-
2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims? Yes No
If yes, describe:
-
3. Describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.):
-
4. List the five largest projects undertaken by you in the past five years:
- | Description | Job Cost | Project Duration |
|-------------|----------|------------------|
| | | |
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| | | |
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| | | |
5. List the three largest projects planned for the coming year:
- | Description | Est. Job Cost | Est. Project Duration |
|-------------|---------------|-----------------------|
| | | |
| | | |
| | | |
6. Average dollar value of a completed project: \$

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VERMONT AND WEST VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

DISTRICT OF COLUMBIA: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

FLORIDA: 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, incomplete, or misleading information is guilty of a felony of the third degree.

HAWAII: For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

KANSAS, OREGON: Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim (a written application or claim in Kansas) containing a false statement as to any material fact, may be violating state law.

KENTUCKY, MASSACHUSETTS, PENNSYLVANIA: 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.

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

MARYLAND: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NEW JERSEY: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

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 violation.

OHIO: 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.

OKLAHOMA: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

UTAH: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.

ALL OTHER STATES: Any person who knowingly and with intent to defraud any insurance company or another 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 the person to criminal and civil penalties.

IMPORTANT NOTICE

DECLARATION

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

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

SIGNATURES

Signature of Applicant

Title

Date

Signature of Producing Agent

Date

Agent Name and Address

NOTE: Applicant's signature REQUIRED