

CONTRACTORS GENERAL LIABILITY APPLICATION

Desired Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### PREQUALIFICATION

1. Are you involved (past, present or intended in future), in new residential construction, and/or

development of, more than 10 single family dwellings, town home units or condominium units,

in one development, in any one year? *Units are defined as each townhome unit or condo unit.* ❏ Yes ❏ No

1. Does your cost of subcontractors exceed 30% of gross receipts? ❏ Yes ❏ No
2. Do your receipts exceed $3,000,000? ❏ Yes ❏ No
3. Have you been in business less than a year with less than 2 years experience? ❏ Yes ❏ No
4. Are your operations in Arizona, California, Colorado or Nevada? ❏ Yes ❏ No
5. Have you had OSHA violations? ❏ Yes ❏ No
6. Are you a real estate developer or construction manager? ❏ Yes ❏ No
7. Are you a general “paper” contractor? ❏ Yes ❏ No
8. Have you been named in a suit for defective workmanship? ❏ Yes ❏ No
9. Do you own real estate development property? ❏ Yes ❏ No
10. Do you employ architects or engineers? ❏ Yes ❏ No
11. Do you have any current or prior projects involving the use of exterior insulation and finish

systems (EIFS aka synthetic stucco)? ❏ Yes ❏ No

**BUSINESS INFORMATION**

1. Named Insured\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City County State ZIP Code

1. Applicant is: ❏ Individual ❏ Partnership ❏ Corporation ❏ LLC

❏ Trust ❏ Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If more than one entity, include the ownership breakdown and a description of operation for each.*

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone No. ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Occupancy Own Lease**

1. Location of premises: ❏ Same as mailing address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ ❏

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ ❏

*(List any additional on separate page.)*

1. A. Years in business \_\_\_\_\_\_\_\_\_\_\_\_\_\_ B. Years of experience in this field \_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Contractor License Number and Type:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Social Security# or FEIN# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Have you operated under any other names? ❏ Yes ❏ No

If yes, list name, address and years in operation.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TYPE OF CONTRACTOR**

1. Provide complete description of your operations (type of work you do, new or remodeling/renovation, any demolition/ gutting and rebuild, tenant buildout/improvements, complete buildings or room additions, non-structural remodels, seismic retrofit, etc.)**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. Percent of your work performed by or on behalf of the named insured:

A. New Construction \_\_\_\_% B. Outside Building \_\_\_\_% C. Residential \_\_\_\_% D. Your Employees \_\_\_\_%

Remodeling \_\_\_\_% Inside Building \_\_\_\_% Commercial \_\_\_\_% Subcontractors \_\_\_\_%

Repairs \_\_\_\_% ------------------------------------ Industrial \_\_\_\_% ---------------------------------

**TOTAL 100% TOTAL 100% TOTAL 100% TOTAL 100%**

1. Does your operations involve any part of the construction of the following types of buildings? ❏ Yes ❏ No

If yes, mark as many as are applicable:

❏ Nursing Homes ❏ Condos ❏ Hotels/Motels ❏ Day Cares ❏ Apartments ❏ Hospitals ❏ Multi-family Habitational

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CLASSIFICATION OF OPERATIONS**

1. Indicate whether the following types of work is done by you and your employees or is performed by subcontractors:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Classification | Self/Employee % of Operation | SubContractor  Cost | Classification | Self/Employee % of Operation | SubContractor  Cost |
| Advertising Sign Co – Outdoors |  |  | Grading of Land |  |  |
| A/C System Install, Svc, Repair |  |  | Heating / AC Install, Repair – No LPG |  |  |
| Appliance Install, Svc, Repair – Home |  |  | Insulation Installation |  |  |
| Appliance Install, Svc, Repair – Comml |  |  | Landscape Gardening |  |  |
| Cable / Subscription TV Companies |  |  | Masonry (no EIFS or Synthetic Stucco) |  |  |
| Carpentry – Residential < 3 Stories |  |  | Painting – Exterior < 3 Stories |  |  |
| Carpentry – Interior/Finish |  |  | Painting – Interior |  |  |
| Carpentry – NOC |  |  | Paperhanging – Wallpapering |  |  |
| Ceiling or Wall Installation – Metal |  |  | Plumbing – Residential |  |  |
| Chimney Cleaning, Inspection |  |  | Plumbing – Commercial |  |  |
| Concrete Construction |  |  | Roofing – Residential |  |  |
| Debris Removal – Constr Site No Hazd |  |  | Roofing – Commercial |  |  |
| Door, Window Installation |  |  | Septic Tank Systems – Cleaning |  |  |
| Driveway, Parking Area, Sidewalk |  |  | Septic Tank Systems – Install, Repair |  |  |
| Drywall or Wallboard Installation |  |  | Sewer Cleaning |  |  |
| Electrical Apparatus Install, Svc |  |  | Sheet Metal Work – Outside < 3 Story |  |  |
| Electrical Work within Buildings |  |  | Siding Installation |  |  |
| Excavation |  |  | Sign Painting or Lettering Inside Bldgs |  |  |
| Fence Erection |  |  | Sign Painting or Lettering On Bldgs |  |  |
| Floor Covering Install – No Tile/Stone |  |  | Tile, Stone, Marble – Interior |  |  |
| Framing |  |  | Other: |  |  |
| Glass Dealer & Glaziers < 3 Stories |  |  | Other: |  |  |

**ROOFING OPERATIONS**

12. Do you perform any roofing operations? ❏ Yes ❏ No

If “Yes” complete the following:

What percentage of your roofing work is performed on:

A. **Residential \_\_\_\_\_\_\_\_\_\_\_%**  B. **Commercial \_\_\_\_\_\_\_\_\_\_%**  C. **Industrial \_\_\_\_\_\_\_\_\_% = 100%**

(homes, condos, townhouses) (office buildings, schools, retail) (manufacturing plants, warehouses)

Of Residential roofing: Of Commercial roofing: Of Industrial Roofing:

a. New Construction \_\_\_\_\_\_\_\_% a. New Construction \_\_\_\_\_\_\_\_% a. New Construction \_\_\_\_\_\_\_\_%

b. Repair/Patching \_\_\_\_\_\_\_\_% b. Repair/Patching \_\_\_\_\_\_\_\_% b. Repair/Patching \_\_\_\_\_\_\_\_%

c. Replacement \_\_\_\_\_\_\_\_% c. Replacement \_\_\_\_\_\_\_\_% c. Replacement \_\_\_\_\_\_\_\_%

**TOTAL 100% 100% 100%**

D. What type of roofs do you work on? Pitched Roofs \_\_\_\_\_\_\_\_\_% Flat Roofs \_\_\_\_\_\_\_\_\_% = **100%**

What type of roofing applications do you perform? Check type of roof and give percentage:

Hot Tar ❏ \_\_\_\_\_\_\_\_\_% Polyurethane Foam ❏ \_\_\_\_\_\_\_\_\_%

Tile ❏ \_\_\_\_\_\_\_\_\_% Wood Shake/Shingle ❏ \_\_\_\_\_\_\_\_\_%

Slate ❏ \_\_\_\_\_\_\_\_\_% Hot Composition ❏ \_\_\_\_\_\_\_\_\_%

Metal/Aluminum ❏ \_\_\_\_\_\_\_\_\_% Other :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ❏ \_\_\_\_\_\_\_\_\_%

E. If hot tar or torch is used, explain in detail the process and what safety precautions are used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

F. Do you use any spray method for applying roofing materials? ❏ Yes ❏ No

If yes, are flammable liquids or catalysts used? ❏ Yes ❏ No

G**.** Do you install any type of elastomer roof covering? ❏ Yes ❏ No

If yes, does the elastomer installation require use of flammable liquid or open fire? ❏ Yes ❏ No

H**.** Are all jobs inspected by a foreman or the contractor at completion before leaving job site? ❏ Yes ❏ No

#### ALL OTHER OPERATIONS

13. Do you work as a construction manager on a fee basis? ❏ Yes ❏ No

14. Do you supervise subcontractors whose payments are run through another entity? ❏ Yes ❏ No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. Do you rent or loan machinery or equipment to others? ❏ Yes ❏ No

16. Do you perform work more than three stories in height above grade? ❏ Yes ❏ No

If yes, percentage \_\_\_\_\_\_\_\_\_\_% Describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Do you perform work below grade? ❏ Yes ❏ No

If yes, percentage? \_\_\_\_\_\_\_\_\_% Describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Is job site security provided at night? ❏ Yes ❏ No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19. Do you or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? ❏ Yes ❏ No

If yes, explain. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20. Are you now, or have you ever been, involved in the construction of new properties which are

located in tract developments having more than ten (10) homes, townhomes or condominiums

per year, including conversions or single family dwellings? ❏ Yes ❏ No

21. Do you draw any plans or blueprints used in your construction work? ❏ Yes ❏ No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, do you carry Professional Liability or Errors and Omissions insurance? ❏ Yes ❏ No

**CONTRACTUAL LIABILITY/ADDITIONAL INSUREDS**

22. Pease list all parties for whom you have signed a contracts and/or hold harmless agreement, whether written or oral (contracting parties, date of contract, additional interest, cost)

PLEASE ATTACH COPIES OF ANY CONTRACTS

|  |  |  |  |
| --- | --- | --- | --- |
| NAME & ADDRESS | **DATE OF CONTRACT** | **INTEREST** | **ADD’L**  **INSURED** |
|  |  |  | ❏ |
|  |  |  | ❏ |
|  |  |  | ❏ |

# INDEPENDENT CONTRACTORS

23. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? ❏ Yes ❏ No

24. Do you use a standard contract with all of your subcontractors? ❏ Yes ❏ No

a. If yes, provide copy of standard contract.

25. Do you require subcontractors to provide you with the following information:

a. Proof of General Liability insurance with coverage and limits equal or greater than your own? ❏ Yes ❏ No

b. Name you as an Additional Insured? ❏ Yes ❏ No

c. Furnish Certificates of Insurance for General Liability and Workers Compensation? ❏ Yes ❏ No

d. Are these records kept by you? ❏ Yes ❏ No

26. Total cost of work subcontracted to others: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### HISTORY

27. Prior Carrier Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Policy Dates** | **Carrier** | **Policy Number** | **General Liability Limits** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

28. Have you been involved in any other business besides contracting? ❏ Yes ❏ No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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29. Have you ever been involved in or are you aware of pending litigation against you, your current

company, or any past company concerning defective workmanship or mold claims? ❏ Yes ❏ No

If yes, describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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30. Describe any types of operations or projects that you have discontinued (i.e. no longer build, did not complete, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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31. List the five largest projects undertaken by you in the past five years.

|  |  |  |
| --- | --- | --- |
| **Description** | **Job Cost** | **Project Duration** |
|  |  |  |
|  |  |  |
|  |  |  |
|  | | |

32. List the three largest projects planned for the coming year.

|  |  |  |
| --- | --- | --- |
| **Description** | **Est. Job Cost** | **Project Duration** |
|  |  |  |
|  |  |  |
|  |  |  |

**COVERAGE / LIMITS**

❏ Premises Operations $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occurrence

$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ General Aggregate

❏ Products-Completed Operations $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Products/Completed Operations Agg

❏ Personal and Advertising Injury $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ Damage to Premises Rented to You $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

❏ Medical Payments $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Owners \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gross Sales \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Annual Payroll (Employee Only) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# IMPORTANT NOTICE

**DECLARATION**

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

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statements may be guilty of insurance fraud and subject to fines and/or imprisonment.

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.

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Signature of Applicant Title Date

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Signature of Producing Agent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Agent Name and Address