

**AMERICAN CONTRACTORS RISK PURCHASING GROUP, INC.
1222 MERIT DRIVE, SUITE 1660
DALLAS, TEXAS 75251**

CONTRACTOR RISK PROFILE/UMBRELLA AND EXCESS LIABILITY APPLICATION

1. NAMED INSURED: _____

PHYSICAL ADDRESS: _____

PHONE #: _____

FAX #: _____

2. POLICY PERIOD: From _____ to _____

3. TYPE OF CONTRACTOR CODE: 3a) SPECIFIC SPECIALTY:

- | | | | |
|--------------|-----|-----------------------|------------------------|
| 1. General | () | 1. () Mechanical | 7. () Excavation/Dirt |
| 2. Hwy/Heavy | () | 2. () Electrical | 8. () Residential |
| 3. Utility | () | 3. () Drywall | 9. () Roofing |
| 4. Trade | () | 4. () Steel Erection | 10. () Painting |
| 5. Other | () | 5. () Framing | 11. () Petrochemical |
| | | 6. () Glazure | 12. () Other _____ |

4. PERCENTAGE BREAKDOWN OF JOBS:

- | | |
|---|-----|
| 1. Commercial (includes state/governmental) | () |
| 2. Residential | () |
| 3. Industrial | () |

5. NUMBER OF YEARS IN BUSINESS: _____

Association Affiliations () AGC () ABC () Both

Other _____

ACRPG # 1000 (11/90-91 Ed.)

6. STATES IN WHICH PRINCIPALLY OPERATE:
 (Show projected revenues by state.)

Alabama	_____	Montana	_____
Alaska	_____	Nebraska	_____
Arizona	_____	Nevada	_____
Arkansas	_____	New Hampshire	_____
California	_____	New Jersey	_____
Colorado	_____	New Mexico	_____
Connecticut	_____	New York	_____
Delaware	_____	North Carolina	_____
District of Columbia	_____	North Dakota	_____
Florida	_____	Ohio	_____
Georgia	_____	Oklahoma	_____
Hawaii	_____	Oregon	_____
Idaho	_____	Pennsylvania	_____
Illinois	_____	Rhode Island	_____
Indiana	_____	South Carolina	_____
Iowa	_____	South Dakota	_____
Kansas	_____	Tennessee	_____
Kentucky	_____	Texas	_____
Louisiana	_____	Utah	_____
Maine	_____	Vermont	_____
Maryland	_____	Virginia	_____
Massachusetts	_____	Washington	_____
Michigan	_____	West Virginia	_____
Minnesota	_____	Wisconsin	_____
Mississippi	_____	Wyoming	_____
Missouri	_____		

7. PLEASE INCLUDE ALL NAMED INSUREDS TO BE COVERED UNDER YOUR UMBRELLA POLICY INCLUDING CURRENT AND PAST JOINT VENTURES, PARTNERSHIPS, TRUSTS AND SUBSIDIARIES:

	<u>NAME:</u>	<u>ANNUAL PAYROLL</u>	<u>ANNUAL RECEIPTS</u>	<u># OF EMPLOYEES</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

<u>NAME:</u>	<u>ANNUAL PAYROLL</u>	<u>ANNUAL RECEIPTS</u>	<u># OF EMPLOYEES</u>
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
Totals			

7a. DESCRIPTION OF OPERATIONS:

1. _____
2. _____
3. _____
4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

8. DESCRIBE CURRENT AND PAST BRIDGE, LEVEE, AND CANAL PROJECTS:

A. Bridge (Over land or water, maximum spans, overpass or approach work?)

Total Estimated Receipts - \$ _____

B. Dams (Earthen or other, Describe in detail)

Total Estimated Receipts - \$_____

C. Tunneling Operations (Describe in detail)

Total Estimated Receipts - \$_____

D. Airport Work (Describe in detail, runways, warming aprons, other)

Total Estimated Receipts - \$_____

E. Railroad Work (Describe in detail all operations including track laying, maintenance, bed preparation)

Total Estimated Receipts - \$_____

9. DESCRIBE PRODUCTS/COMPLETED OPERATIONS EXPOSURE OF DISCONTINUED ENTITIES. PLEASE INCLUDE A DESCRIPTION OF OPERATIONS OR PRODUCTS, RECEIPTS, LENGTH OF TIME IN BUSINESS:

10. FOREIGN OPERATIONS:

Check One

No ()

Yes () If yes, list countries and show total receipts for the last twelve months. Also list insurance carriers, policy periods, limits of liability and premiums.

11. If any Residential Construction or Development, advise the # of homes that have closed escrow in the states shown on right:

AZ _____ FL _____ NC _____ TX _____
CA _____ GA _____ OR _____ WA _____
CO _____ NV _____ SC _____

12. SUBCONTRACTORS EXPOSURE:

A. Percentage of work sublet _____.

B. Dollar volume \$_____.

C. Description of work performed by subs:

D. Check One:

	<u>Yes</u>	<u>No</u>
1. Use standard subcontract	()	()
2. Scope of indemnity obtained:		
a) limited - sub's negligence	()	()
b) joint - both sub's and your negligence	()	()
c) broad - your negligence only	()	()
3. Require waiver of subrogation	()	()
a) WC	()	()
b) GL	()	()
4. Require naming as additional insured	()	()
5. Require valid certificate of insurance as a requirement to make payments	()	()
6. Do you have minimum limits of liability that you require of your subcontractors?	()	()
If so, what are the limits		
A. General Liability \$_____		
B. Auto Liability \$_____		
C. Employers Liability (Cov. B) \$_____		

18. CARE, CUSTODY AND CONTROL EXPOSURES (where value exceeds \$1,000,000):

A. Leased Premises:

<u>Address</u>	<u>Occupancy</u>	<u>Value Exposed</u>	<u>Waiver?</u>	<u>Hold Harmless?</u>	<u>Additional Insured?</u>
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B. Nonowned property (other than leased premises) in care, custody or control where value may exceed \$1 million:

Check One

- 1. No identifiable exposure ()
- 2. Less than \$1,000,000 exposure ()
- 3. Over \$1,000,000 exposure ()

Is this responsibility covered by insurance? Yes () No ()

Is a hold harmless agreement in place? Yes () No ()

- 19. A. EQUIPMENT LEASED OR RENTED TO OTHERS: Yes () No ()
- B. WITHOUT OPERATOR? Yes () No ()

Annual Receipts Estimate: _____.

20. BLASTING EXPOSURE:

A. Describe _____

B. Number of blasts per year _____.

C. Is work subbed out? Yes () No ()

D. Number of subs used _____.

21. ASBESTOS EXPOSURE: Yes () No ()

If yes, advise type of work, direct revenues and if work is subbed out: _____

22. PRODUCT AND INSTALLATION QUESTIONS:

- | | Yes | No |
|--|-----|-----|
| A. Do you install or contract to another entity to install hardboard siding (i.e., manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? | ___ | ___ |
| B. Do you install or contract to another entity to install EIFS (i.e., manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? | ___ | ___ |
| C. Have you ever installed Polybutylene Pipe? | ___ | ___ |
| D. Have you ever been involved in any Construction Defect Lawsuits? | ___ | ___ |

23. HAZARDOUS WASTE EXPOSURE:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| A. Storage facilities | () | () |
| B. Generating hazardous waste in operations | () | () |
| C. Transportation of hazardous waste | () | () |
| D. Installation or removal of underground storage tanks. | () | () |
| E. Operate landfill | () | () |

If yes, is it for your own use only, or is dumping allowed? _____

F. Hazardous Waste Exposure:

24. PRODUCTS EXPOSURE:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| A. Any foreign products distributed in the U.S.? | () | () |
| B. Any U.S. products distributed to foreign countries? | () | () |

Describe current products exposure: _____

25. ADVERTISING EXPOSURE:

A. If any meaningful exposure, describe: _____

B. Annual expenditures: _____.

26. PROFESSIONAL LIABILITY EXPOSURE:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| A. Any Architects and Engineers Professional Liability Exposure? | () | () |

Estimated annual revenues: _____.

B. Describe outside "pure design/consulting" activities and data processing services provided to outside firms:

C. List any insurance carried for professional exposures (carriers, limits of liability and policy periods).

27. CONSTRUCTION MANAGEMENT EXPOSURE:

A. Describe _____

B. Estimated annual revenues: \$ _____.

28. A. VEHICLE ANALYSIS:

Type	No. Owned	No. Leased	Property Hauled	0-50 Miles	50-200 Miles	Over 200 Miles
Private Passenger	_____	_____	_____	_____	_____	_____
Trucks:	_____	_____	_____	_____	_____	_____
Light	_____	_____	_____	_____	_____	_____
Medium	_____	_____	_____	_____	_____	_____
Heavy	_____	_____	_____	_____	_____	_____
Ex. Heavy	_____	_____	_____	_____	_____	_____
Trucks/Tractors:	_____	_____	_____	_____	_____	_____
Heavy	_____	_____	_____	_____	_____	_____
Ex. Heavy	_____	_____	_____	_____	_____	_____
Trailers	_____	_____	_____	_____	_____	_____
Buses/Van Pools	_____	_____	_____	_____	_____	_____
Totals	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____

B. Are MVR verifications obtained on all drivers? Yes () No ()
 If so, how often are they updated? _____.

29. PREVENTION AND SAFETY:

A. Describe safety program, include description of type and frequency of, safety meetings. Explain how safety issues affect foreman's and superintendent's compensation and bonuses:

B. Safety personnel profile:

1. Number full time _____.

2. Number part time _____.

Name	Brief Background

30. HIRING PRACTICES:

	<u>Yes</u>	<u>No</u>
A. Pre-employment checks	()	()
B. Pre-employment physicals	()	()
C. Pre-employment drug tests	()	()
D. Current employee drug tests	()	()
E. Union workforce	()	()

PROFILE OF CONTRACTUAL LIABILITY EXPOSURES:

31. OWNERS & GENERAL CONTRACTORS EXPOSURE:

	<u>Yes</u>	<u>No</u>
a. With owners/GC's, is there usually a standard contract, i.e., AIA, AGC?	()	()
b. If you sign contracts other than standard AIA, AGC, do you routinely review indemnification, professional liability and other insurance clauses?	()	()
c. Is this review done by your staff attorney?	()	()
d. If not by staff, who reviews? _____		

<u>Percentage Distribution of Contracts</u>	<u>0-25%</u>	<u>26-50%</u>	<u>51-75%</u>	<u>76-100%</u>
a) AIA or AGC	()	()	()	()
b) State, federal or governmental	()	()	()	()
c) Other	()	()	()	()

32. WC EXPERIENCE MODIFIER ANALYSIS:

A. Expiring NCCI WC Modifier _____.

B. Specific state WC modifiers (if applicable):

<u>State</u>	<u>Modifier</u>
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33. Attach auto liability and general liability loss summaries for the past six policy periods (including current policy period).

34. Attach detailed explanations of any auto liability or general liability losses in the last six policy periods (including current policy period) with a total incurred over \$100,000.