

## Exhibit A

### REQUIRED INFORMATION FOR THE PREPARATION OF A PROFORMA FOR A PROSPECTIVE NEW ACIG MEMBER

- I. Loss Rating Information
  - A. Previous (5) years of individual loss runs including any deductible payments, SIRs, expense payments, and claim type (include 10 years of GL losses if a general builder)
  - B. Past 5 years of historical payrolls (plus 10 years of historical revenues if general builder)
  - C. Total hours worked by all employees for the last 5 completed calendar years
  - D. OSHA injury/illness rates for the last 5 calendar years to include:
    - 1. Lost workdays cases
    - 2. Lost workdays
    - 3. Restricted workday cases
    - 4. Recordable cases
    - 5. Deaths
    - 6. First aid/medical only
    - 7. Submit last 5 years OSHA form 300A Summary of Work-Related Injuries & Illnesses
  
- II. Copies of current year policies
  - A. Workers Compensation
  - B. General Liability
  - C. Automobile Liability
  - D. Umbrella
  - E. Owners and Contractors Protective Liability
  - F. Railroad Protective Liability
  
- III. Modifier Information
  - A. Latest Workers Compensation Modifier Worksheets (all states)
  - B. Any Specific State Modifiers
  - C. Projected Renewal Modifier (if available)
  
- IV. Rating Information
  - A. WC Rates (if different than NCCI) by state
  - B. GL Rates/Exposure Base
  - C. AL Rates/Exposure Base

V. Renewal Exposure Projections

- A. Payroll (by state, by NCCI classification)
- B. Revenues
- C. What percentage of revenues are subcontracted?
- D. What percentage of revenues are derived from:
  - 1. Hard Bid Work
  - 2. Negotiated Work
- E. Autos (Fleet Schedule)

VI. Detailed Description of Current Program (Latest proposal, if available)

- A. Deductibles (if any)
- B. WC Deductible Credit (by state if applicable)
- C. Current Retro Factors
  - 1. Loss Limits
  - 2. Basic Ratios
  - 3. Tax Multipliers
  - 4. LCFs
  - 5. Excess Loss Premium Factor (WC)
  - 6. Any "Outside Fees" - i.e., Agent fees, RMLs, etc.
- D. Detailed description of cash flow of current program including any collateral required, loss funds, suppressed payments, etc.
- E. Cost of and type of collateral, if applicable
- F. Are deductions for tax purposes being taken for any deferred premiums or amounts paid into a collateral trust?

VII. Financial Information

- A. How is the prospect structured?  
( ) Corporation    ( ) LLC    ( ) Partnership    ( ) Ltd. Partnership  
How is the company structured for tax purposes?  
( ) C Corp    ( ) S Corp    ( ) Partnership
- B. Is the prospect a net borrower or net lender?
- C. Current borrowing rate on funds
- D. Current short-term rate of return on idle cash
- E. State income tax rates (if applicable)
- F. Last two years of "audited" financials

VIII. Organization Information

- A. Current organization chart
- B. Named insured information
  - 1. List of all named insureds
  - 2. Fill out [Joint Venture Questionnaire \(A\)](#) for any joint ventures listed on VIII.B.1 (link to form included)
  - 3. Fill out [Named Insured \(Non-Joint Venture\) Questionnaire](#) for all other entities listed on VIII.B.1 (link to form included)

## Joint Venture Questionnaire (A)

Member \_\_\_\_\_ Date \_\_\_\_\_

**\* Attach copy of the Joint Venture Agreement \***

Joint Venture Legal Name \_\_\_\_\_

FEIN \_\_\_\_\_

Mailing Address \_\_\_\_\_

Partner	Ownership %	Partner	Ownership %
_____	_____ %	_____	_____ %
_____	_____ %	_____	_____ %

Is the ACIG Member designated as the Managing Partner and responsible for insurance procurement?  Yes  No

Will the GL Insurance be a project-specific placement?  Yes  No

Does the Member want the *JV Entity* added to their GL Policy as a Named Insured?  Yes  No

Does the Member want the *JV Partner* added to their GL Policy as an Additional Insured for the project specifically?  Yes  No

Does the GL policy require an endorsement coordinating it with other GL policy(ies)?  Yes  No

Project Name/Address \_\_\_\_\_

Value \_\_\_\_\_ Member Portion \_\_\_\_\_

State/Country \_\_\_\_\_ Est. Start \_\_\_\_\_ Est. Compl. \_\_\_\_\_

Description of Project and JV Operations \_\_\_\_\_

JV involves a partner who is a small/minority owned business?  Yes  No

What are the values for the member's portion of the JV work? \_\_\_\_\_

Line of Business to include Joint Venture Entity as Named Insured:

Work Comp                       Subcontractor Default                       Professional/Pollution  
 General Liability                       Funded Subcontractor Default                       Funded Professional/Pollution  
 Auto Liability

Is the JV populated (any direct employees of the joint venture)?  Yes  No

***If yes, complete the questions on the following pages.***

RME Approval: \_\_\_\_\_ Date: \_\_\_\_\_