

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
- 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)