

AMERICAN INTERNATIONAL GROUP

Fax



AIG Excess Casualty<sup>SM</sup>

To: \_\_\_\_\_
Company: \_\_\_\_\_
Fax #: \_\_\_\_\_
Phone #: \_\_\_\_\_
e-mail: \_\_\_\_\_
RE: \_\_\_\_\_

From: \_\_\_\_\_
Phone: \_\_\_\_\_
e-mail: \_\_\_\_\_
Fax: \_\_\_\_\_
Date: \_\_\_\_\_

Thank you for submitting the captioned account. Due to the nature of the Insured's operations, I would appreciate it if you would review the questions, check the boxes and fill in the details on the lines provided as appropriate.

Please return this fax to me (with any additional supporting documentation) to my attention as soon as possible.

- 1. Please provide a description of operations (Include all entities).

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

- 2. Breakdown of jobs: Commercial \_\_\_\_\_ Residential \_\_\_\_\_ Industrial \_\_\_\_\_

- 3. If any Residential Construction or Development, advise the \_\_\_\_\_ Attached or \_\_\_\_\_ Unattached ?
Also, please show the number of homes to close escrow in each of the following states:
\_\_\_%\_ California \_\_\_%\_ Colorado \_\_\_%\_ Florida \_\_\_%\_ Nevada \_\_\_%\_ OR \_\_\_%\_ TX \_\_\_%\_ WA

NOTE: NEED 7 YEAR LOSS HISTORY FOR RESIDENTIAL ACCOUNTS.

Has the Insured ever sold apartment buildings as condominiums in the past 10 years? \_\_\_ Yes

- 4. List ALL the States that the Insured operates in, or has operated in, in the past.

\_\_\_\_\_

- 5. Describe the last three largest jobs:

Table with 4 columns: Job, Type of Work, Height, Receipts. Rows a, b, c.

- 6. Any High Rise work (Over 3 stories)? \_\_\_\_\_ If yes, please advise the maximum # of stories and controls:

\_\_\_\_\_

7. Any Bridge, Airport, (Aprons, Taxiways, Runways), Dam or Dike work, Blasting, Demolition, Pile Driving, Tunneling, or work in Ships or Tankers? **If yes, please provide complete details:**

8. Subcontractor questions: % Subcontracted \_\_\_\_\_%
- a. Are Certificates of Insurance obtained from all Subcontractors? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. What are the Limits required? Occurrence: \_\_\_\_\_ Aggregate: \_\_\_\_\_
- c. Is the following wording part of the Insured's Contract with Subcontractors?
- i. Hold Harmless Indemnity provisions? \_\_\_\_\_ Yes \_\_\_\_\_ No
- ii. Provision that they must be named as an Additional Named Insured on Subcontractor's Primary and Excess Policies? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. What type of work is subcontracted?

9. Product and Installation questions: If yes, need details.
- a. Does the Insured install or contract to another entity to install hardboard siding (i.e. manufactured by Masonite, IP, LP, GP, ABTCO, Weyerhaeuser, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Does the Insured install or contract to another entity to install EIFS (i.e. manufactured by Dryvit, Sto, Senergy, Thoro, Parex, USG, Apache, etc.)? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Has the Insured ever installed Polybutylene Pipe? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Has the Insured ever been involved in any Construction Defect Lawsuits? \_\_\_\_\_ Yes \_\_\_\_\_ No

10. Work Type questions: If yes, need details.
- a. Does the Insured do any Structural Steel or Structural Concrete work? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Any Gas Main work? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Any Boiler work? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Any Burglar or Fire Alarm System Installation or Monitoring? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Any Leasing or Renting of Cranes and / or Scaffolding to or from others? \_\_\_\_\_ Yes \_\_\_\_\_ No
- i. If Yes, is it With or Without Operators? \_\_\_\_\_ W/out \_\_\_\_\_ With

11. General Information:
- a. Is there a formal safety program in place? \_\_\_\_\_ Yes \_\_\_\_\_ No
- b. Are MVR's checked prior to hire and monitored on a regular basis? \_\_\_\_\_ Yes \_\_\_\_\_ No
- c. Are the Equipment and Vehicles maintained and kept in good condition? \_\_\_\_\_ Yes \_\_\_\_\_ No
- d. Is the public kept a safe distance from Insured's operations and Work Areas? \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Are the premises in good condition and well maintained? \_\_\_\_\_ Yes \_\_\_\_\_ No
- f. Does the insured do accident investigations? \_\_\_\_\_ Yes \_\_\_\_\_ No
- g. Does the Insured have a Safety Director on staff? \_\_\_\_\_ Yes \_\_\_\_\_ No
- h. Does the insured had a Certified Drug-Free Workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No
- I. Does the insured adhere to all OSHA standards & promote a safe workplace? \_\_\_\_\_ Yes \_\_\_\_\_ No
- j. Has the insured ever been cited for safety violations? If so, describe below. \_\_\_\_\_ Yes \_\_\_\_\_ No
- e. Please provide any additional information or add any supporting comments below:

Receipts 00-01 \$ \_\_\_\_\_ 99-00 \$ \_\_\_\_\_ 98-99 \$ \_\_\_\_\_

Payroll 00-01 \$ \_\_\_\_\_ 99-00 \$ \_\_\_\_\_ 98-99 \$ \_\_\_\_\_

**NEED COMPLETE DETAILS TO "YES" ANSWERS FOR #7,9 OR 10.**

**PER PROJECT AGG?  
VEHICLES FLEET.**

Thank you in advance for your cooperation! Please do not hesitate to contact me with any questions or to provide additional information / comments. I look forward to providing you with a quote as soon as possible.