Southern

SOUTHERN SPECIALTY UNDERWRITERS, LLC.

5444 Riverside Drive Macon, GA 31210

Specialty Underwriters Phone: 478 757 7111 Fax: 478 474 9604 Owner Acting as General Contractor Product

OWNER ACTING AS GENERAL CONTRACTOR APPLICATION - MONOLINE GENERAL LIABILITY Please complete all sections of this application and have signed by the applicant.

| 1. | Applicant name: | | | | | | |
|---|--|--------------------------|--------------------|----------------------|---------------|--------|---------|
| 2. | Mailing address: | | | | | | |
| 3. | City: | | State: | | Zip: | | |
| 4. | Inspection contact: | | | Phone num | nber: | | |
| 5. | Fax: Web sit | ax: Web site address: | | | ress: | | |
| 6. | Form of business: | ooration 🚨 Partn | ership 🗖 L | LC • Other | | | |
| 7. | Policy Term: | ix months | nonths 🔲 Anr | ıual | | | |
| 8. | Please advise all entities requesting to be add | ded as additional insur | ed on this policy | □ Not Applicabl | е | | |
| | Complete Name | Ad | dress | | Inte | erest | |
| _ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| De | tails of Project: | | | | | | |
| 9. | Project location/address: | | | | | | |
| 10. | Estimated start date: | | Estimated compl | etion date: | | | |
| 11. | Type of project: ☐ New Constr | ruction 🖵 Rer | novation | | | | |
| 12. | Complete details of project: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 13. | Cost of labor: \$ Cost of materi | ials \$ | Total cost of proj | ect: \$ | Sq. ft. floor | space: | |
| 14. | General liability limits requested: ☐ \$5 | 500,000/\$1,000,000 | □ \$1,00 | 0,000/\$2,000,000 | | | |
| 15. | 5. Type of project: Residential New construction Renovation of existing building Renovation of existing building | | | | | | |
| 16. | What percentage of work being performed is | being done by the app | licant's employe | es or casual labore | rs? | | |
| Eli | gibility | | | | | | |
| 17. The applicant is acting as the general contractor for this job only | | | | | | ☐ True | ☐ False |
| 18. | All contractors are required to carry their own | general liability insura | nce at a minimu | n of \$1,000,000 | | | |
| | per occurrence | | | | | □ True | ☐ False |
| 19. | Applicant is the owner of the property | | | | | ☐ True | ☐ False |
| 20. | No locations or operations in Alaska, Arizona, | , California, Colorado, | Louisiana, Neva | da or West Virginia | | ☐ True | ☐ False |
| 21. | No prior existing or pending bankruptcy in the | e past five years | | | | ☐ True | ☐ False |
| 22. | The applicant is not a general contractor by tr | rade | | | | ☐ True | ☐ False |
| 23. | The project has not already commenced (other | er than site preparatior | or demolition p | ior to the inception | | | |
| | date of our policy) | | | | | □ True | ☐ False |
| | Project does not involve underpinning or shoring of adjacent buildings or structures | | | | | ☐ True | ☐ False |
| | 25. Project does not have a planned duration in excess of 12 months | | | | | ☐ True | ☐ False |
| | 6. Building is totally vacant | | | | □ N/A | ☐ True | ☐ False |
| | 7. Building is not currently damaged (fire or otherwise) | | | | □ N/A | ☐ True | ☐ False |
| | Building is locked and secured from unauthor | - | ala laval | | | ☐ True | ☐ False |
| 29. | Exterior operations up to a maximum of 4 sto | ries or 50 feet from gra | iae ievei | | | ☐ True | ☐ False |

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| 50. | No demonition work (except incluental non-load bearing interior work) | - Hue | u i aise |
|-----|---|--------|----------|
| 31. | No adding of stories to existing structures | ☐ True | ☐ False |
| 32. | No blasting operations | ☐ True | ☐ False |
| 33. | No construction, installation, renovation or removal of underground tanks (except residential fuel oil tanks) | ☐ True | ☐ False |
| 34. | Certificates of insurance are required from all sub-contractors naming the applicant as additional insured | □ True | ☐ False |
| Ad | ditional Eligibility Information | | |
| 35. | Does the applicant engage in any operations or have any classifications on their premise(s) other than those | | |
| | listed in the Details of Project section above? | ☐ Yes | ■ No |

□ True □ Folce

20. No demolition work (expent incidental per lead bearing interior work)

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify andy outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event th Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached dot and become part of the policy. Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits. New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

| Applicant's signature(Owner or Officer) | Title | Date | | | | | |
|---|-------|------|--|--|--|--|--|
| (Owner or Omocr) | | | | | | | |
| Broker's signature | | | | | | | |
| Some states require that we have the name and address of your (insured's) authorized agent or broker. | | | | | | | |
| Name of authorized agent or broker | | | | | | | |
| Address: | | | | | | | |
| Mail complete application through local agent or broker to: | | | | | | | |
| | | | | | | | |

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