

Tuttle & Traina Insurance Agency, Inc.
44 Main Street, Post Office Box 489, Sterling, Ma 01564-0489
Phone: (508) 422-7700 Fax: (508) 422-8106

Construction Account Services
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Re: Insurance Program - Construction
Exposure Forms

Dear _____ :

To perform an effective assessment of your organization's exposure to loss, we will need a substantial amount of information. This effort on your part to gather the required information will enable us to act effectively as your insurance agent and offer the best pricing.

I. LOSS HISTORY:

[XX] Loss reports for the past 5 years, with a current valuation date, for the following lines of coverage (Simplification note: request the "Loss Runs" for the last five years from your current insurance agent/company):

- a. Property (real and personal)
- b. Automobile Liability; Automobile Collision and Comprehensive
- c. General Liability; Products/Completed Operations Liability
- d. Umbrella or Excess Liability
- e. Workers Compensation

II. CONTRACTS:

[XX] Sample of typical construction contracts/subcontracts signed/used by your company;

III. RISK MANAGEMENT INFORMATION (IF AVAILABLE):

Copies of any of the following:

- [XX] Safety Manual/Rules or program documentation.
- [XX] Any OSHA citations issued in the last five (5) years.
- [XX] All insurance policies currently in effect - declaration, schedule, and rating pages only.
- [XX] Latest workers compensation experience rating form, if available.

If you have any questions, please do not hesitate to call me.

Sincerely,

Tuttle & Traina Insurance Agency, Inc.

Richard C. Traina

Surety & Commercial Account Executive

P.S. If you need larger schedules for the following information contact us or download them from WWW.TTIAI.COM

PAYROLL & SALES PROJECTIONS (for the next 12 months):

State	Description	# of Employees	Payroll or Income/Cost Estimate
	Gross Income – Projected		\$
	Subcontract Costs		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$
	Payroll Class:		\$

PROPERTY SCHEDULE:

Loc#/ Bld#	Address, City, St	Insurance Values	Total Area	Const Type	Age

PROPERTY PROTECTION SCHEDULE:

#Loc /Bld	Wet/Dry Sprinkler System	Smoke/ Heat Deters	Local Fire Alarm	Central Station Alarm	Night Watch Man	24hour Watch Man	* Other Describe

MORTGAGEE SCHEDULE*:

Loc#	Bld#	Bank Name	Address	City, State Zip	Loan #

*From Property Schedule

SMALL TOOLS & EQUIPMENT and/or COMPUTER/DATA PROCESSING HARDWARE SCHEDULE:

Type of Equipment	No. of Units	Manufacturer/& Model No.	Serial No.	Est. Cost New
Office Equip		Miscellaneous Office equipment	Not Required	\$
Small Tools		Various – Values under \$1,000. each	Not Required	\$

MOBILE EQUIPMENT SCHEDULE:

#	Make, Model, Mftr., Capacity	Serial#	Purchase Date	New Used	Value

AUTOMOBILE/TRUCK/TRACTOR SCHEDULE:

Veh #	Year	Make, Model	VIN	GVW	Use **

GVW = Gross Vehicle Weight; maximum load weight a vehicle is designed to carry as specified by the manufacturer.
 ** USE = Service (S), Commercial (C) , or Retail (R).

VEHICLE LIENHOLDER SCHEDULE:

Vehicle #	Loan #	Name & Address of Bank

(*From Vehicle Schedule)

DRIVER LISTING:

Name of Driver	License No./State	Date of Birth	Years With Company

WORKERS COMPENSATION:

Federal ID Number:	
Bureau ID Number:	
Experience Modification:	
ARAP:	

<p align="center"><u>Attachments Required</u></p> <p>(X) Copies of last four (4) 941's (X) Letter to the Bureau for mods. (X) Statement of "Losses" (X) Copy of current WC policy () Two, signed, ERM-14 forms () Two, signed MA applications</p>

1. List all states in which operations are currently taking place:

Loc #	State Name	Location Address	No. of EEs

LETTER AUTHORIZING THE RELEASE OF EXPERIENCE MODIFICATION AND RATING

Date: _____

To: **Workers Compensations Rating & Inspection**
Bureau of Massachusetts
101 Arch Street
Boston, Ma 02110

Re: Authorization to Release Experience Modification and Rating Information

Dear Bureau Underwriter:

Please send a copy of the Experience Modification Calculations and Rating Information for our company,

_____, to:

Tuttle & Traina Insurance Agency, Inc.
44 Main Street
Post Office Box 489
Sterling, Ma 01564-0489

Sincerely,

By: _____

Date

Print Name

Title

cc: Tuttle & Traina IAI
file

LETTER FOR AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED

Date: _____

**To: Tuttle & Traina Insurance Agency, Inc.
44 Main Street
Post Office Box 489
Sterling, Ma 01564-0489**

**Re: AFFIRMATION OF NO LOSSES OR OCCURRENCES BY ASSURED
LOSS CERTIFICATION FORM**

Dear Mr. Traina:

I, _____, President of _____, verify and warrant there have been no claims or occurrences in the last Five years (5), which may lead to a claim, and I have no knowledge or information of any act, incident or action which might reasonably be expected to give rise to a claim against the insurance coverages applied for except as listed below or attach a separate listing: (if None write "NONE")

<u>Date of Loss</u>	<u>Description of Loss</u>	<u>Amount Paid</u>	<u>Date Settled</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have read and understand this form. Any questions I had regarding this form have been answered by **Tuttle & Traina Insurance Agency, Inc.**

Name of Company: _____

Signed By: _____

Print Name: _____

Date: _____

CONTRACTORS SUPPLEMENTAL INFORMATION

Applicants Name: _____

What year was your business started? _____ How many years experience? _____

What type of construction work do you undertake? _____

Have your operations changed? () Yes () No

Explain:

Do you operate as a general contractor? (GC's are defined as contractors who contract directly with the owners for new or renovation projects The GC may perform some of the work or subcontract it out.) () Yes () No

If Yes, describe the type of construction projects you're involved in:

Do you subcontract work to others? () Yes () No

If Yes, Please describe the work subcontracted:

Type of work	Cost

Please indicate the percent of your business that involves one or two family residential work and other than one or two family residential work:

1 or 2 family residential _____% Other than residential _____%

Please describe your "other than residential work":

Have you worked on new construction of condominiums, town homes or tract homes in the last 10 years? () Yes () No

On average how many jobs are you working on at the same time? _____

How Many jobs did you do last year? _____

Please describe the last five jobs you were involved in :

Type of Job	Location	Duration	Contract Amount

Please list the number of full time employees you have: _____

Please list the number of part time or seasonal employees you have: _____

Do you engage in or perform any of the following operations?

- a. rent of lease an equipment (with or without operators) to others () Yes () No
- b. engage in or subcontract for demolition of blasting operations () Yes () No
- c. operations for lead paint or asbestos removal or abatement now or at any time? () Yes () No
- d. do you now, or have you at any time in the past, done any work in connection with EFIS (Exterior Insulation and Finish Systems)? () Yes () No
- e. Remove underground storage tanks? () Yes () No
- f. do you draw plans, designs, or specification for others or have you done so in the past? () Yes () No
- g. participate in wrap-up projects? () Yes () No

If yes to any of the above, please explain:

Please describe your job site safety program. (examples: new employee orientation, tool box safety talk, accident investigation program, fall from height, below ground trench box, personal protective equipment, call “Dig Safe” before digging. Etc.)

Have you been involved in a construction defect lawsuit in the past 10 years? () Yes () No

Explain:

Anyone 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 and subjects the person to criminal and civil penalties. I hereby declare that the statements made in this application are complete and true. The signing of this application does not bind the applicant of the insurance company to complete this insurance unless otherwise indicated below:

Signed by: _____

Date: _____

RISK TRANSFER QUESTIONNAIRE

Answer the appropriate questions below only if you either work as a subcontractor or subcontract work to others.

1. for the work that you perform as a subcontractor for others, please answer the following questions:

Do you have an attorney review the contracts that you enter? Yes No

If No, do you have anyone else, such as your insurance agent, review the contracts that you enter into? Please explain:

Do you ever refuse jobs because of unacceptable contractual obligations? Yes No
Please explain:

Do you keep copies of all your contracts and certificates of Ins.?
If Yes, for how long?: Yes No

2. For work that you subcontract to others. Please answer the following questions:

Do you require subcontractors to sign contracts? Yes No

If the above answer is Yes, do your contracts require your Subcontractors to indemnify you and "hold you harmless"? Yes No

If the answer to the first question is Yes, do your contracts Require your subcontractors to name you as an additional insured on their Commercial General Liability policy? Yes No

If the answer to the first question is Yes, do your contracts require your subcontractors to carry Commercial General Liability, Automobile, and Workers Compensation insurance limits at least equal to yours? Yes No

Do you require all of your subcontractors to provide you with Certificates of Insurance? Yes No

Anyone 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 and subjects the person to criminal and civil penalties

I hereby declare that the statements made in this application are complete and true. The signing of this application does not bind the applicant of the insurance company to complete this insurance unless otherwise indicated below:

Signed by: _____

Date: _____