

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON, FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

WALL AND CEILING DISCOVERY QUESTIONNAIRE

THIS IS FOR QUOTATION PURPOSES ONLY—THIS IS NOT A BINDER

PROPOSED EFFECTIVE DATE: _____

General Information

1. Applicant (as it would appear on the coverage contract): _____
2. Doing Business As: _____
3. Mailing Address: _____
 City: _____ State: _____ Zip: _____
4. Contact Person: _____ Years Experience: _____
 Contact Person is: Owner Manager Promoter Management Other: _____
5. Day Phone: _____ Evening Phone: _____ Fax Number: _____
6. Web Address: _____ E-Mail Address: _____
7. Is this a new business? Yes No If no, how many years have you been in business? _____
8. Applicant is: Individual Corporation Partnership Joint Venture Other: _____
9. Length of season: _____
10. Who was your last or is your current insurance carrier? _____
11. What is or was your annual premium? _____
12. Describe your claims and loss history: _____

13. Amount of Liability Required:

- | | |
|--|--|
| <input type="checkbox"/> 50,000 per accident / 100,000 annual aggregate | <input type="checkbox"/> 100,000 per accident / 200,000 annual aggregate |
| <input type="checkbox"/> 100,000 per accident / 300,000 annual aggregate | <input type="checkbox"/> 200,000 per accident / 300,000 annual aggregate |
| <input type="checkbox"/> 200,000 per accident / 500,000 annual aggregate | <input type="checkbox"/> 300,000 per accident / 500,000 annual aggregate |
| <input type="checkbox"/> 300,000 per accident / 300,000 annual aggregate | <input type="checkbox"/> 500,000 per accident / 500,000 annual aggregate |
| <input type="checkbox"/> 300,000 per accident / 1,000,000 annual aggregate | <input type="checkbox"/> 500,000 per accident / 1,000,000 annual aggregate |

Self-Insured Retention desired: \$1,000 \$2,500 \$5,000 Other: \$_____

1. Business Activities

1. Does your operation include one or more of the following (check if yes):
 - A Retail Store A Warehouse
 - A Show Room Other (please explain): _____
2. Are equipment operators (lifts, cranes, etc.) required to be licensed in your state? Yes No
3. Are contractors who use equipment with long booms required to obtain a permit prior to use in your city, county or state? Yes No
4. What license(s) do you hold (i.e. general contractor, electrical, etc.)?
 - a. _____

- b. _____
- c. _____
- d. _____

5. Describe any non-wall and ceiling contractor operations, or other non-contractor type services, which you have provided in the past five years: _____

6. Annual gross receipts: \$ _____

7. Does your business:

- a. Perform renovations involving structural change to load-bearing walls? Yes No
- b. Perform external work above two stories? Yes No
- c. Lease or rent equipment to others? Yes No
If yes, what? _____
- d. Lease or rent equipment from others? Yes No
If yes, what? _____
- e. Distribute or sell (retail) building materials or supplies for installation by others? Yes No
If yes, show annual gross receipts from distribution or sale? \$ _____

8. Do you hire Sub-Contractors? Yes No

If yes,

- a. Do you require certification and evidence of liability insurance from Sub-Contractors? Yes No
- b. Do you require evidence of Workers' Compensation insurance from Sub-Contractors? Yes No
- c. Gross annual receipts from work sub-contracted out: \$ _____
- d. Explain type of work you sub-contracted out: _____

9. Do you draw plans or design specifications for others? Yes No

10. Do you rent any portion of your premises to others? Yes No

11. Explain in detail your employee training program or submit written outline of training program: _____

12. Do you check with the Industrial Accident Board before hiring a new employee? Yes No

13. Describe how and where your customers come from:

Radio, TV, yellow pages, newspaper, combined	%
Building Contractors - Sub-Contractors	%
Referral	%
Outside Sales Force	%
Other (explain):	%

14. Describe the principal area within which you operate (city, county, within 100 miles etc.): _____

15. What months or period is your business open? From: _____ to: _____
16. Do you offer 24-hour radio dispatch repair service? Yes No
17. Would your company agree to participate in the Risk Management and Loss Control program if such were offered in your area? Yes No
- If no, please briefly describe why not; or if yes, please indicate the best month during the year that such a meeting should be scheduled: _____
18. Please include with this Questionnaire any further information, pictures, brochures, etc., that will provide a clear explanation of your total operation. Also complete a personnel roster.

REPRESENTATIONS AND WARRANTIES

The "Applicant" is the party to be named as the "Insured" in any insuring contract if issued. By signing this Discovery Questionnaire, the Applicant for insurance hereby represents and warrants that the information provided in the Discovery Questionnaire, together with all supplemental information and documents provided in conjunction with the Discovery Questionnaire, is true, correct, inclusive of all relevant and material information necessary for the Association to accurately and completely assess the Discovery Questionnaire, and is not misleading in any way. The Applicant further represents that the Applicant understands and agrees as follows: (i) the Association can and will rely upon the Discovery Questionnaire and supplemental information provided by the Applicant, and any other relevant information, to assess the Applicant's request for insurance coverage and to quote and potentially bind, price, and provide coverage; (ii) the Discovery Questionnaire and all supplemental information and documents provided in conjunction with the Discovery Questionnaire are warranties that will become a part of any coverage contract that may be issued; (iii) the submission of a Discovery Questionnaire or the payment of any premium does not obligate the Association or any Insurer to quote, bind, or provide insurance coverage; and (iv) in the event the Applicant has or does provide any false, misleading, or incomplete information in conjunction with the Discovery Questionnaire, any coverage provided will be deemed void from initial issuance.

The Applicant hereby authorizes the Association, and its agents, to gather any additional information the Association deems necessary to process the Discovery Questionnaire for quoting, binding, pricing, and providing insurance coverage including, but not limited to, gathering information from federal, state, and industry regulatory authorities, insurers, creditors, customers, financial institutions, and credit rating agencies. The Association has no obligation to gather any information nor verify any information received from the Applicant or any other person or entity. The Applicant expressly authorizes the release of information regarding the Applicant's losses, financial information, or any regulatory compliance issues to this Association in conjunction with consideration of the Discovery Questionnaire.

The Applicant further represents that the Applicant understands and agrees the Association: (i) may present a quote with a sub-limit of liability for certain exposures, (ii) may quote certain coverages with certain activities, events, services, or waivers excluded from the quote, (iii) will rate each quotation in the best interest of each Association member to the extent possible to meet the overall intent of the Association's program of insurance for all members, and (iv) offer several optional quotes for consideration by the Applicant for insurance coverage. In the event coverage is offered, such coverage will not become effective until the Association's accounting office receives the required premium payment, and the Applicant signs and returns the appropriate "Acknowledgement and Coverage Contract Receipt" form within 10 days of receiving an insurance coverage contract.

The Applicant agrees that the Association and any party from whom the Association may request information in conjunction with the Discovery Questionnaire may treat the Applicant's facsimile signature on the Discovery Questionnaire as an original signature for all purposes.

IMPORTANT: Each accepted Applicant is provided insurance as a participating member under a Master Group Policy of Insurance issued on behalf of the Transworld Building Trades and Contractors Liability Association, a qualified "Purchasing Group" under the Risk Retention Act of 1986—Public Law 97-45. Master Group Policies have been issued to the Association, formed and governed by the laws, rules, and regulations of the State of Utah, to which members will be added as "Participating Members." The Association's program of insurance is a fully insured plan with an insurer permitted to provide insurance in each Association member's state of residence.

All coverage contract charges and service provider fees are minimum and fully earned as of the effective date of coverage. Membership in the Association is restricted to those whose business or activities are similar with respect to liability to which members are exposed by virtue of any common business, act, product, service, premises, or operations. The Applicant represents that the Applicant understands and agrees: (i) the Applicant's request for the Association to quote or otherwise effect coverage for the Applicant is without undue influence or incentive, (ii) the Applicant is individually procuring any insurance that may be provided as a participant in a Master Group Policy, where the benefits and coverage have already been approved by the Association's Purchasing Group, (iii) any coverage that may be provided will be provided under a Master Coverage Contract has been effected in the State of Utah as the state in which the Purchasing Group is organized and domiciled, and where the Association's Purchasing Group's principal office is located, (iv) all rules and regulations applicable to the individual or self-procurement of insurance will govern any coverage provided, and (v) the Applicant is individually responsible for the direct payment of taxes related to coverage provided in the Applicant's state of residence. Should taxes be made a part of any quotation provided by the Purchasing Group to the Applicant, the Association may, as an accommodation

and convenience to the Applicant, collect and remit any tax collected to the tax collection agency in the member's state of residence.

Dated: _____

Signature

Print Name