



ENCOVA INSURANCE AGENCY WELCOME PACKET



ENCOVA INSURANCE AGENCY

OUR CAPABILITIES

Encova Insurance Agency is here to help fill in the gaps to create a comprehensive and viable one-stop-shop solution to meet and exceed policyholder needs. We operate as a wholesale agency and are licensed in most states. We work exclusively through licensed Encova Insurance retail agencies. Supporting Encova business (quoted or issued) is required to place coverage with Encova Insurance Agency. We will write stand-alone/unsupported workers' compensation and commercial umbrellas.

Common lines of coverage we write include:

- Dealers physical damage (recreational vehicle and trailer dealers only)
- Workers' compensation
- Commercial umbrella
- Pollution liability, including contractors, premises and above/underground storage tanks
- Professional liability
- Cyber
- Directors and officers
- Employment practices liability
- Bonds: all types

We are licensed in every state in the continental U.S. except California, New Mexico, New York, the District of Columbia, Texas and Wyoming.

encova.com

MC-0500-STFR 09-21

OUR TEAM

BROKER SALES AGENT

All renewals

Amy Van Ess Hammes
Phone: 920-458-6340
amy.vanesshammes@encova.com

AGENCY ACCOUNTING AND COMPLIANCE

Administration/broker sales agent

Holly Stevens
Phone: 614-225-8558
holly.stevens1@encova.com

OPERATIONS MANAGER

All new business

Tony King
Phone: 440-213-1241
tony.king@encova.com

encova
INSURANCE

ENCOVA INSURANCE AGENCY BIOGRAPHIES



Tony King

Tony King, CPCU, started his career as a district sales manager for Motorists Insurance Group, now Encova Insurance, in 1986. Since then, he has held several different positions, and in 2020 he became the operations manager of Encova Insurance Agency. Outside of work, Tony plays in a band (bass guitar) and enjoys meteorology.



Holly Stevens

Holly Stevens joined Encova Insurance Agency in 2020 with over 25 years of experience in the insurance industry. She started with a captive agency and quickly excelled in commercial lines. She moved to a regional carrier and worked as a commercial underwriter before joining an independent agency, where she held many different positions.

Holly currently handles Encova Insurance Agency's compliance and accounting and is a broker agent handling bonds and excess umbrella.



Amy Van Ess Hammes

Amy Van Ess Hammes, CISR, began her career in the insurance industry in 1996 and held various agency positions in Wisconsin. She joined then-Motorists in 2016 and worked in Commercial Lines before she joined the Encova Insurance Agency in 2020 as a broker sales agent working on renewal business. Outside of work, she is a fourth-generation farmer and raises corn and soybeans.

encova
INSURANCE

**WORKERS'
COMPENSATION**

encova.com

ENCOVA INSURANCE AGENCY WORKERS' COMPENSATION REQUIREMENTS

To streamline the process of obtaining a workers' compensation quote, Encova Insurance Agency requests the information below for every submission. Email all requests to tony.king@encova.com.

Name of item needed for conversion	Enclosed	Comments
Acord 125		
Acord 130 workers' compensation application		
Federal Employer Identification Number (FEIN)		
Insured name, telephone number and email address		
Workers' compensation class code, number of employees, payroll in each state		
Minimum three-year loss runs		
Experience modifier (e-mod)		
Contractor supplement (if a contractor)		
Manufacturing supplement (if manufacturing)		
Safety manual		
If you are an Ohio company, loss runs can be obtained through the bureau of workers' compensation.		

encova
INSURANCE

A photograph of two men in a commercial setting, possibly a truck or warehouse, looking at a document together. The image is overlaid with a dark blue tint and a large, light blue circular graphic element. The man on the left is sitting on a step, and the man on the right is standing and pointing at the document.

**COMMERCIAL
UMBRELLA**

encova.com

ENCOVA INSURANCE AGENCY

UMBRELLA REQUIREMENTS

To streamline the process for requests for umbrella limits on new or existing Encova business, Encova Insurance Agency requests the information below for every submission. Email all requests to holly.stevens1@encova.com.

Name of item needed to quote umbrella	Enclosed	Comments
Acord 125 with description of operations		
Acord general liability - general liability premium		
Acord commercial lines umbrella application		
Supplement (any supplement pertaining to the type of risk will suffice)		
Product liability supplement (if manufacturing, any product liability supplement will suffice)		
Minimum three-year loss runs (five-year loss runs preferred)		
Quote proposal policy (showing premiums and underline limits, forms)		
Premium indication		
Commercial auto applications, including drivers - auto liability premium , including hired/non-owned		
Commercial auto breakdown by size (light, medium, heavy, extra heavy, truck tractor and private passenger auto)	See below.	See below.

Type of vehicle	Number of vehicles
Private passenger (PPT)	
Light truck	
Medium truck	
Heavy truck	
Extra heavy truck	
Truck tractor	

encova
INSURANCE



**CONTRACTOR
POLLUTION**

encova.com

Instructions for Using Editable Applications and Important Legal Information:

1. Save the document to your local computer.
2. Complete the application by providing your responses in the areas provided; utilize the tab key to move ahead to the next field.
3. If there is not enough space for any particular question, please include the full response in an additional attachment to your application, as you would if you were completing a paper-based application.
4. When you have completed the application, please verify the application for accuracy and completeness before signing the application and forwarding the application to your agent or broker. Do not forward applications directly to Chubb unless you are an agent or broker.
5. If you choose to sign the application with a wet signature, please print the final application, sign the application in ink and forward the application to your agent or broker with any necessary supporting materials.
6. If you apply your signature to this form electronically, you hereby consent and agree that your use of a key pad, mouse or other device to click the "I Agree" button constitutes your signature, acceptance and agreement as if actually signed by you in writing and has the same force and effect as a signature affixed by hand. Further, you agree that the lack of a certification authority or other third party verification will not in any way affect the validity or enforceability of your signature or any resulting contract. You can apply your signature electronically by clicking on the signature field. Once all signatures have been applied, forward the application to your agent or broker via email. Any necessary supporting materials should be sent via email or postal service to your agent or broker.

If you experience technical difficulties utilizing the document, please contact the Chubb Help Desk at 1-877-747-5266, "Option 2".
For all other inquiries please contact your agent or broker. If you are an agent or broker, please contact your local Chubb representative. The document is provided for licensed insurance agents and brokers and their clients only.

IF YOU ARE ACCESSING THE DOCUMENT FROM A VENUE OTHER THAN WWW.CHUBB.COM, BY YOUR USE OF THE DOCUMENT, YOU ARE AGREEING TO THE FOLLOWING, IF YOU DO NOT AGREE, DO NOT USE THE ELECTRONIC DOCUMENT:

- * Chubb does not warrant that the document will be free from viruses. You assume the entire cost of any necessary service, repair or correction.
- * The privacy of communication over the Internet cannot be guaranteed, because the Internet is not a secure medium, Chubb does not assume any responsibility for any harm, loss, or damage you may experience or incur by the sending of personal or confidential information over the Internet.
- * Chubb is not responsible for any versions of the document that have been manipulated, altered or revised from the version of the document that appears on www.Chubb.com. Do not post the document on the Internet.

"Chubb" refers to the member insurers of the Chubb Group of Insurance Companies, Copyright notice: All rights reserved.

I Agree

2. Is Named Insured status requested for any other entities? Yes No
(If yes, attach name and operation of each)
3. Do any requested Named Insured's have subsidiary, related or affiliated companies which are not stated in 1. or 2. above? (If yes, attach name and operation of each) Yes No
4. Address _____
5. Telephone _____ 6. Email Address: _____
7. Contact Name/Job Title _____
8. How long has the applicant been in business? _____
9. During the last 5 years, has the applicant purchased any other businesses? Yes No
Have any mergers or consolidations taken place? Yes No
(If yes, attach details)
10. Describe current operations and note any operations that have been discontinued over the past three (3) years.

**CONTRACTORS POLLUTION
 LIABILITY APPLICATION**

11. Describe 3 largest projects or contracts in the past year. Include: client name, project revenue and current status.

Project	Client Name	Project Revenue	Status of Project

12.

	Next 12 months (est.)	Current 12 months	Prior 12 months
Revenue			
Payroll			

13. PROFILE OF OPERATIONS

A. Provide projected values for the 12 months following the requested coverage inception. B. For each projected operation moderate % works by subcontractors.		
Contracting Activities	A Projected Revenue	B % work by subcontractors
Carpentry		%
Construction Management		%
Demolition/Dismantling		%
Drilling		%
Electrical		%
Excavation (Non Haz)/Grading		%
General Contracting		%
HVAC/Mechanical		%
Industrial Cleaners (incl. Sewer/Septic)		%
Insulation		%
Logging		%
Masonry/Concrete		%
Marine		%
Oil Lease		%
Painting		%
Pipeline Construction/Cleaners		%
Plumbing		%
Roofing		%
Steel Erection		%
Street and Road Construction		%
Other (explain)		%
Total General Contracting		n/a

14. Do you conduct any transit operations such as hauling construction debris, fuel or other hazardous materials? Yes No
 (if **yes** please complete table below)

Type of Material Hauled	Type of Vehicles Used	Number of Vehicles Used	Distance Hauled (one way)

15. Describe any operations outside Canada and the U.S.A., including countries where such operations occur. Indicate percentage of work outside Canada and the U.S.A.

16. Indicate the raw or process materials used in your operations, including all fuels, solvents, chemical, etc.

Description of Material	Max Quantity Stored per Job Site	Drum [3]	Tank [3]

17. Do you have personnel responsible for job-site safety and environmental compliance?
 (If **yes**, give name/s and any qualifications, certifications, etc.)

Yes (sole function)
 Yes (has other duties)
 No

18. Are your personnel trained in the use of personal protective equipment? Yes No

19. Describe training given to employees who work with hazardous materials, e.g. in-house seminars, outside seminars, on-the-job training, etc. Give training intervals for regular employee training programs.

20. Do you have a written Health and Safety Program that addresses environmental exposures? Yes No

21. Indicate which of the following you require of your subcontractors:

- Certificates of Insurance
- Additional Insured status for yourself on subcontractor's insurance policies
- Waiver of Subrogation provision on subcontractor's insurance policies

22. What minimum limits of insurance do you require of your subcontractors?

General Liability _____

Pollution Liability _____

Professional Liability _____

23. Do you require a written contract with your subcontractors—containing hold harmless and indemnification provisions in your favor—before any subcontractors begin work for you? (If "No" or if contracts are not used in all circumstances, explain your company policy on hold harmless and indemnification requirements for work done by subcontractors.) Yes No

24. Have any claims (whether insured or not) for pollution incidents been made against the applicant or reported under any insurance policy in the last 5 years? (If "Yes", describe all such claims including: date of claim, date of incident, act or omission giving rise to the claim, name of claimant, description of incident, amount paid or estimated to be paid, final disposition or current status.) Yes No

25. Does the applicant have knowledge of any fact, circumstance or situation which could result in a claim arising out of a pollution incident being made against it or any entity for whom coverage is sought? (If "Yes", give full details below.) Yes No

26. Indicate the coverage terms for which you are applying. (List multiple Limits and Deductible requests if applicable.)

Limit of Liability: _____

Deductible: _____

Inception Date: _____

Claims Made Occurrence

*If Project-Specific is requested, describe the project below:

INFORMATION OR DATA CONTAINED IN OR SUBMITTED IN CONNECTION WITH THIS APPLICATION (OR OTHERWISE TO ANY OF THE MEMBER INSURERS OF CHUBB GROUP OF INSURANCE COMPANIES ("CHUBB") IN CONNECTION WITH THE UNDERWRITING PROCESS) DOES NOT CONSTITUTE NOTICE OF AN OCCURRENCE, WRONGFUL ACT, CLAIM, SUIT OR OTHER CIRCUMSTANCE AND DOES NOT SATISFY ANY OF THE REPORTING NOTIFICATION OR OTHER PROVISIONS OF ANY POLICY. ALL SUCH NOTICES MUST BE GIVEN SEPARATELY IN ACCORDANCE WITH THE APPLICABLE POLICY CONDITIONS.

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

COMPLETION OF THIS APPLICATION DOES NOT BIND INSURANCE. APPLICANT'S ACCEPTANCE OF THE COMPANY'S QUOTATION IS REQUIRED PRIOR TO BINDING INSURANCE AND POLICY ISSUANCE.

CERTIFICATION

For the purposes of this application, the undersigned declares and acknowledges by clicking where indicated below that, he/she has reviewed this application and the statements contained therein with his/her Chief Executive Officer, Chief Financial Officer, Chief Operating Officer or their equivalents, and that to the best of their knowledge and belief, after reasonable inquiry, the statements in this application, and in any attachments, are true and complete.

Chubb is authorized to make any inquiry in connection with this application. Signing this application shall not constitute a binder or obligate Chubb to complete this insurance, but it is agreed this application shall be the basis upon which a policy may be issued.

If the statements in this application or in any attachment change materially before the effective date of any proposed policy, the applicant must notify Chubb, and Chubb may modify or withdraw any quotation.

You understand that the limit of liability under any policy to be issued in response hereto shall include both indemnity payments for claims and payment of claim and defense expenses, as defined in the policy.

The undersigned persons understand and further agree that the completion and signing of this APPLICATION neither binds CHUBB to sell nor the Applicant to purchase the insurance.

PLEASE NOTE: ONLY DULY APPOINTED AGENTS OF CHUBB AND LICENSED BROKERS ARE AUTHORIZED TO SOLICIT APPLICATIONS FOR INSURANCE. AGENTS AND BROKERS ARE NOT AUTHORIZED TO BIND INSURANCE. NO INSURANCE SHALL BE PROVIDED UNLESS CHUBB ACCEPTS THE APPLICATION AND BINDS THE INSURANCE.

By signing below, applicant hereby certifies that the statements made and the information and data supplied herewith are true, accurate and complete.

<u>Authorized Signature of Applicant</u>	<u>Date</u>	
<u>Print Name</u>	<u>Title</u>	
Applicant	Authorized Agent (Please Print Name)	
Authorized Agent (Signature)	Title	Date
Submitted By (Insurance Agent)	Insurance Agency	
Agent License No. (For non-admitted placements a copy of valid surplus lines license will be required)		
Address (No., Street, City, State, and ZIP Code)		

THIS DOCUMENT IS THE PROPERTY OF CHUBB GROUP OF INSURANCE COMPANIES WHICH CONTAINS INFORMATION THAT IS PROPRIETARY, CONFIDENTIAL AND SUBJECT TO COPYRIGHT PROTECTION.

NOTICE TO APPLICANT - PLEASE READ CAREFULLY.

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, INCLUDING BUT NOT LIMITED TO FINES, DENIAL OF INSURANCE BENEFITS, CIVIL DAMAGES, CRIMINAL PROSECUTION AND CONFINEMENT IN STATE PRISON.

APPLICABLE IN:

ARKANSAS

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT, OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

COLORADO

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

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

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.

KENTUCKY

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.

LOUISIANA

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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

MAINE

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES OR A DENIAL OF INSURANCE BENEFITS.

MARYLAND

ANY PERSON WHO KNOWINGLY OR WILLFULLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR WHO KNOWINGLY OR WILLFULLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

NEW JERSEY

ANY PERSON WHO INCLUDES ANY FALSE OR MISLEADING INFORMATION ON AN APPLICATION FOR AN INSURANCE POLICY IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES.

NEW MEXICO

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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.

NEW YORK

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

ANY PERSON WHO, WITH THE 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

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.

OREGON

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 MATERIAL FACT THERETO, MAY BE GUILTY OF AN INSURANCE FRAUD.

PENNSYLVANIA

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, VIRGINIA AND WASHINGTON

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE OR MISLEADING INFORMATION TO INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES AND DENIAL OF INSURANCE BENEFITS.

RHODE ISLAND AND WEST VIRGINIA

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 IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN PRISON.

This is an application for a policy that may be issued in a state that requires us to advise you that if available, the following condition is added to your policy: All references in the policy to "spouse" include a party to a civil union or domestic partnership recognized under the applicable law of the jurisdiction having authority.



CONTRACTOR PROFESSIONAL LIABILITY

encova.com



Insurance Services

HCC Specialty
2300 Clayton Road, Suite 1100, Concord, California 94520
main 925 685 1600 facsimile 925 685 1750

CONSTRUCTION INDUSTRY

CONTRACTORS AND CONSULTANTS PROFESSIONAL LIABILITY INSURANCE

THIS IS AN APPLICATION FOR A CLAIMS MADE AND REPORTED POLICY

This Application for Professional Liability Insurance is intended to be used for the preliminary evaluation of a submission. When completed in its entirety, this Application will enable the Underwriter to decide whether or not to authorize the binding of insurance.

THIS APPLICATION IS NOT A BINDER

SECTION I - GENERAL INFORMATION

- 1. Name of Firm: _____ County: _____
2. Address: _____
3. Branch Office Address(es): _____
4. Phone: (____) _____ Fax: (____) _____
E-Mail: _____ Website: _____
5. Firm is: [] Corporation [] Partnership [] Sole Proprietorship [] Joint Venture
6. Date Established: _____ Gross receipts for last fiscal year \$ _____

PERSONNEL

Table with 5 columns: Category, Number, Number Registered/Licensed, Full-Time, Part-Time. Rows include Architects, Engineers, Other Professionals, Project/Construction Managers, Others (Construction), and Total Personnel.

ADDITIONAL INFORMATION

Please submit the following documents along with this Application and check the appropriate box indicating you have included the item requested.

- 8. A. Statement of qualifications and resumes of key professional staff []
B. Copy of a typical contract for services with a client (including scope of services) []
C. Copy of typical contract with professional subconsultants []
9. Detailed claim history (use RA&MCO Claims Supplement) []
10. Brochures, promotional literature, and recent project list []
11. The firm would like a quotation based on the following limit(s) and deductible(s):

Limit _____ Deductible _____

NOTE: For deductibles of \$50,000 or more, please enclose a copy of the firm's balance sheet and income statement for the most recent fiscal year.

CLIENTS	CONTRACTS
Percent of Clients (must total 100%)	Percent of Contracts (must total 100%)
12. a. Government or Public Entities _____ b. Owners acting as their own builders _____ c. Design/Build or turnkey contractors _____ d. Other contractors _____ e. Developers _____ f. Financial and lending institutions _____ g. Other design professionals _____ h. Other _____ (a. through h. must total 100%) _____	13. Please specify types of contracts used by the firm. a. Standard industry contract (AGC, AIA, EJCDC, etc.) _____ % b. Firm's own standard contract _____ % c. Letter agreement _____ % d. Purchase order _____ % e. Client contract _____ % f. Oral agreement _____ % (a. through f. must total 100%) _____ 14. What percentage of the firm's contracts contain a Limitation of Liability clause? _____ %

PROJECTS	
----------	--

Percent of Projects (must total 100%)	s. Pipelines _____ t. Mines and quarries _____ u. Earth dams/reservoirs _____ v. Structures for offshore use _____ w. Harbors, jetties, docks or piers _____ x. Bridges, trestles or tunnels _____ y. Parking garages, theaters or grandstands _____ z. Other _____ _____ _____ _____ _____ (a. through z. must total 100%) _____
15. a. Schools, colleges or public buildings _____ b. Hospitals, retirement or convalescent homes _____ c. Hotels, motels or resort properties _____ d. Condominiums/Townhouses _____ e. Single family residential subdivisions _____ f. Custom single family residential _____ g. Apartments _____ h. Office/Commercial/Retail _____ i. Industrial/Process _____ j. Machine design _____ k. Plumbing/Piping, Refrigeration _____ l. Instrumentation/Controls _____ m. Public Utilities/Power Generation _____ n. Jails/Justice _____ o. Airports _____ p. Roads/Highways/Traffic _____ q. Sewage or waste disposal systems _____ r. Water systems _____	16. In the past 5 years has your firm, a predecessor firm or any other insured provided any services on residential condominium or townhouse projects? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details and complete the following: Total number of Condominiums/Townhouse projects? _____ Approximate total construction value? \$ _____
	17. What percentage of the firm's projects are done on a Fast Track basis? _____ % 18. What percent of the firm's projects are outside the U.S. and Canada? _____ %

INSURANCE HISTORY

19. Has any insurer cancelled or refused to renew any similar insurance issued to the firm or any of its members?
If yes, please explain in detail. Yes No

20. Please detail Professional Liability insurance for the past five years. Show current policy and prior four years.

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

Retroactive date on current policy: _____/_____/_____
MONTH DAY YEAR

21. a. Please provide current General Liability policy information:

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

- b. Does your General Liability policy contain a mold coverage exclusion or limitation?

Yes No If yes, please provide a copy of such exclusion or limitation.

- c. UMBRELLA Liability Policy

COMPANY	TERM	LIMIT	DEDUCTIBLE	PREMIUM

FINANCIAL AND OTHER INTERESTS

For all "yes" responses to questions 21 through 23, please provide details by attachments.

22. Does the firm have any predecessor firms or related entities? Yes No

23. During the past 12 months, has the firm or any principal:

a. Become involved in a real estate development company? Yes No

b. Derived more than 50% of last fiscal year's gross receipts from any one client? Yes No

c. Designed a building, component or system which might be used on more than one project? Yes No

d. Become involved in the manufacture or fabrication of any component, device or system? Yes No

e. Developed, sold or leased software products for use by others? Yes No

f. Been the subject of disciplinary action by authorities as a result of their professional activities? Yes No

24. During the next 12 months does the firm foresee substantial changes in operations? Yes No

25. a. Does your firm or any principal, partner, officer, director or shareholder of your firm or an immediate family member of any such person have an ownership interest in any entity or project for which professional services have been or are to be rendered? Yes No

b. Other than for third party claims, does your firm seek coverage for these projects? Yes No
If yes, an Equity Interest Supplemental Application must be submitted.

26. In the past **ten years** have any Professional Liability claims been made against the firm or any of its members? Yes No

If yes, complete a Claim/Incident Information Supplement provided with this Application.

27. Does the firm or any of its members have any knowledge of prior acts, errors or omissions which might reasonably be expected to give rise to a claim under this insurance? Yes No

If yes, please explain in detail.

28. In the past ten years, have you reported a claim for bodily injury or property damage under your CGL policy where payments or reserves, including your deductible, exceed \$100,000? Yes No

If yes, please explain in detail.

29. Do you have any pending dispute concerning the payment of fees to the firm for services rendered? Yes No

If yes, please explain in detail.

30. Do you have any knowledge of any circumstance, incident, situation, accident, condition or unresolved job controversy or other matter which might give rise to a claim under this insurance? Yes No

If yes, please explain in detail.

31. Have you given notice to any other Professional Liability underwriter of any actual or alleged act, error, omission, deficiency, property damage or bodily injury, circumstance, incident, situation, accident, unresolved job controversy or fee dispute which could result in a claim? Yes No

If yes, please use the Claim/Incident Information Supplement provided with this Application.

SECTION II – CONTRACTOR SERVICES –

DESIGN/BUILD • CONTRACTORS PROFESSIONAL • CONSTRUCTION MANAGEMENT

	CURRENT FISCAL YEAR ____/____/____ MONTH / YEAR	IMMEDIATE PAST YEAR ____/____/____ MONTH / YEAR	TWO YEARS AGO ____/____/____ MONTH / YEAR
32a. Firm's gross receipts	\$ _____	\$ _____	\$ _____
b. Estimated gross receipts for the next fiscal year	\$ _____		

33. Of the firm's total gross receipts above, please break down as follows:	CURRENT FISCAL YEAR		IMMEDIATE PAST YEAR		TWO YEARS AGO	
	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES	CONSTRUCTION VALUES	PROFESSIONAL FEES
• Construction Contracting Only (No responsibility for design services by the firm or its		N/A		N/A		N/A
• Design/Build (Responsibility for both design documents and construction						
• Construction Management Services – Agency – At Risk						

34. Please estimate the percentage by discipline of the professional services rendered above by the following categories: **(Total should equal 100%).**

Architecture %	Landscape Architecture %	HVAC Engineering %
Civil Engineering %	Land Surveying %	Fire Protection Engineering %
Mechanical Engineering %	Construction Management %	Materials Testing %
Electrical Engineering %	Process Engineering %	Mining Engineering %
Structural Engineering %	Chemical Engineering %	Interior Design %
Soils Engineering %	Environmental %	Other _____ %
Project Management %	Construction Inspection %	Other _____ %

35. Please specify exact amounts paid to subconsultants:

	Current Year (Proj.)	Immediate Past Year	2 Years Ago
Fees to Professional Subconsultant	\$ _____	\$ _____	\$ _____
Construction Values to Design/Build Subcontractors	\$ _____	\$ _____	\$ _____

36. Has a surety company ever declined to offer a bond? Yes No
If yes, please provide details by attachment.

37. Is the firm aware of any unresolved construction disputes including an unexcused delay, a budget overrun, or a change order which exceeds \$10,000? Yes No

38. Has the firm ever defaulted, failed to complete a contract, or had liquidated damages assessed against them? Yes No

If any of the above questions are answered yes, please provide an explanation (use attachment if necessary):

SECTION III – DETAILS OF SUBCONTRACTED PROFESSIONAL SERVICES/ADDITIONAL INFORMATION

If, under Section II, the firm hires design firms or professional subconsultants, please list the four most frequently used firms or provide certificates of insurance evidencing professional liability coverage of these firms.

Please be specific regarding the design or consulting discipline to be rendered, i.e., Civil, Structural, HVAC, Construction Management, Value Engineering, etc.

Name and Address	Discipline	Total Professional Fees	Professional Liability Coverage
A. _____ _____ _____	_____ _____ _____	_____ _____ _____	Company: _____ Limit: _____ Deductible: _____
B. _____ _____ _____	_____ _____ _____	_____ _____ _____	Company: _____ Limit: _____ Deductible: _____
C. _____ _____ _____	_____ _____ _____	_____ _____ _____	Company: _____ Limit: _____ Deductible: _____
D. _____ _____ _____	_____ _____ _____	_____ _____ _____	Company: _____ Limit: _____ Deductible: _____

39. Please provide any additional information regarding the firm and its services that you wish us to consider:

The applicant has read the foregoing and understands that completion of this Application does not bind the Underwriter or the Broker to provide coverage. It is agreed, however, that this Application is complete and correct to the best of applicant's knowledge and belief and that all particulars which may have a bearing upon acceptability as a Professional Liability insurance risk have been revealed. It is understood that this Application shall form the basis of the contract should the Underwriter approve coverage and should the applicant be satisfied with the Underwriter's quotation.

It is further agreed that, if in the time between submission of this Application and the requested date for coverage to be effective, the applicant becomes aware of any information which would change the answers furnished in response to questions 26-31 of this Application, such information shall be revealed immediately in writing to the Underwriter.

Must be signed by Owner, Partner, or Officer.

Print or Type Your Name

Title

Signature of Applicant

Date

HCC Specialty, a division of HCC Insurance Holdings, Inc.
Lic. 0716339 • www.hccspecialty.com

HCC Specialty, a division of HCC Insurance Holdings, Inc., is comprised of HCC Specialty Underwriters, Inc. and Professional Indemnity Agency, Inc.

**RECREATIONAL VEHICLE
OPEN LOT APPLICATION**



**AMERICAN MODERN
INSURANCE GROUP, INC.**

AMERICAN MODERN HOME
AMERICAN FAMILY HOME
AMERICAN SOUTHERN HOME
AMERICAN MODERN LLOYDS
AMERICAN MODERN SURPLUS LINES
AMERICAN MODERN INS.
CONSUMER COUNTY MUTUAL INS.

**RECREATIONAL VEHICLE
COMMERCIAL PHYSICAL DAMAGE
DEALER BLANKET
OPEN LOT APPLICATION**

*(Please attach Fraud Warning Notices,
form # FRWR-APP-COMM (08/12).*

APPLICANT INFORMATION **AGENT INFORMATION**

NAMED INSURED				AGENT CODE #	
MAILING ADDRESS				AGENT NAME	
CITY, STATE, ZIP				AGENT ADDRESS	
REQUESTED POLICY PERIOD	EFFECTIVE	EXPIRATION	<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL	AGENT CITY, STATE, ZIP	
<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION	<input type="checkbox"/> LIMITED CORPORATION <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> OTHER	SIC	FEDERAL ID #	CONTACT	PHONE (A/C, NO. EXT.)
YEARS IN BUSINESS: _____ <input type="checkbox"/> NEW ENTITY (Attach Financials, Summary of Experience)				WEB SITE ADDRESS:	

COVERAGES

POLICY FORM REQUESTED: <input type="checkbox"/> COMPREHENSIVE <input type="checkbox"/> NAMED PERILS EXCLUDED PERILS: <input type="checkbox"/> Wind / Hail Exclusion <input type="checkbox"/> Flood Exclusion	DEDUCTIBLE: <input type="checkbox"/> \$250 per unit / \$1,250 per occurrence aggregate <input type="checkbox"/> \$500 per unit / \$2,500 per occurrence aggregate <input type="checkbox"/> \$1,000 per unit / \$5,000 per occurrence aggregate <input type="checkbox"/> \$2,500 per unit / \$12,500 per occurrence aggregate <input type="checkbox"/> \$5,000 per unit / \$25,000 per occurrence aggregate <input type="checkbox"/> \$10,000 per unit / \$50,000 per occurrence aggregate	<input type="checkbox"/> Collision Deductible "Units" <input type="checkbox"/> \$500 <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Theft Deductible "BPP" <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> Theft Deductible <input type="checkbox"/> \$1000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$10,000 If hauling, complete Collision Supplement: CPD-ACS-APP
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

OPTIONAL COVERAGES **PREMIUM BASIS**

<input type="checkbox"/> False Pretense <input type="checkbox"/> \$25,000 <input type="checkbox"/> \$125,000 <input type="checkbox"/> \$225,000 <input type="checkbox"/> \$500,000 <input type="checkbox"/> \$50,000 <input type="checkbox"/> \$150,000 <input type="checkbox"/> \$250,000 <input type="checkbox"/> \$700,000 <input type="checkbox"/> \$75,000 <input type="checkbox"/> \$175,000 <input type="checkbox"/> \$275,000 <input type="checkbox"/> \$100,000 <input type="checkbox"/> \$200,000 <input type="checkbox"/> \$300,000	<input type="checkbox"/> Non-Reporting <input type="checkbox"/> Reporting Monthly with Annual Adjustment <input type="checkbox"/> Reporting Monthly with Monthly Premium
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

MANAGEMENT PRACTICES

Employee turnover last 12 months? # _____ Are driving records (MVR's) checked for employees who drive dealership units? Yes No

	YES	NO	
Do you have formal/written Safety Programs?	<input type="checkbox"/>	<input type="checkbox"/>	Please check all that apply to your test drive procedures:
Do you loan units to your customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you rent units to your customers?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you verify valid title and ownership before accepting trade-in?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you require personal identification to pick up keys cut from codes requested by phone?	<input type="checkbox"/>	<input type="checkbox"/>	
Are any locations within 500 feet of any water exposure?	<input type="checkbox"/>	<input type="checkbox"/>	

No test drives
 Customers accompanied by employee
 If Customers allowed to test drive vehicles alone:
 Credit application completed and qualified
 Photo I.D. required and kept on file
 Only existing customers or known parties
 Time of test drive is agreed to and monitored

_____ % New Units _____ % Metal _____ % Inventory Inside
 _____ % Used Units _____ % Fiberglass _____ % Inventory Outside

OPEN LOT INFORMATION

How often is inventory of units taken: Monthly Weekly Bi-weekly Other

Is inventory maintained on a computer system? Yes No

Structural modifications? Yes No

Please check all of the following which apply to the applicant's open lot:

		Location #					Location #					
		1	2	3	4	5						
		1	2	3	4	5	1	2	3	4	5	
Neighborhood - Metro (Inside City Limits)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security - Central Station Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Suburban (Outside of City Limits)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security Guard / Watchman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Rural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electronic Laser Lot Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing -	None	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Police Patrols	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chainlink w/Gate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Chainlink & Block Entrance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Overhead Lighting - Display Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Post & Cables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Storage Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other:						No Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Is lot in known flood plain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
							Distance to nearest body of water (in miles)	___	___	___	___	___

For all of the following please check the appropriate box and indicate locations in space provided.

		Lot #				
		1	2	3	4	5
Where are keys kept during business hours?	<input type="checkbox"/> Keyboard <input type="checkbox"/> In RV's <input type="checkbox"/> Safe <input type="checkbox"/> Locked Cabinet <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where are keys kept after hours, and overnight?	<input type="checkbox"/> Keyboard <input type="checkbox"/> In RV's <input type="checkbox"/> Safe <input type="checkbox"/> Locked Cabinet <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are keys secured and inaccessible to unauthorized individuals during business hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do you maintain a log to track all Keys?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Are Units regularly displayed off site? Yes No Number (#) of events outside local area annually? _____

Do they have a loss prevention plan for when severe weather is evident? Yes No if yes, attach evacuation or other type of plan.

How many units are transported from purchase point to destination annually: _____ Driven by full-time employees _____
 Driven singly by temporary part-time employees _____

When towing is involved, who owns the towing vehicle? Check all that apply: Insured Employee Contract Driver Transport Co.

Any towing for hire activities conducted? Yes No Maximum limit of non-owned units towed. _____

Responding Fire Department _____ Distance to nearest hydrant? _____

Distance from Fire Department? _____

Distance to nearest hydrant? _____

LOCATION SCHEDULE

ADDRESS (Street, City, County, State, Zip Code)		Blanket Limit			
Loc #	Address	Recreational Vehicle Units	Motorcycle / ATV	Business Personal Property	Total
1.		\$	\$	\$	\$
2.		\$	\$	\$	\$
3.		\$	\$	\$	\$
4.		\$	\$	\$	\$
5.		\$	\$	\$	\$
6.		\$	\$	\$	\$
7.		\$	\$	\$	\$
8.		\$	\$	\$	\$
9.		\$	\$	\$	\$
10.		\$	\$	\$	\$

LOSS PAYEE

Loss Payee Name	Address	Location

LOSS HISTORY Describe all "Open Lot" losses in last 3 years None

Date of Loss	Cause of Loss	Amount Paid

REMARKS

Describe any additional exposures at this location. Attach additional sheet if necessary.

PRIOR CARRIER

SIGNATURES

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

encova
INSURANCE



**COMMERCIAL
BONDS**

encova.com

Premium Requested:

- 1 yr
- 2 yrs
- 3 yrs



(Application Number)

- Individual
- Partnership
- Corporation
- Limited Liability Company
- Limited Liability Partnership

Form 10-E EASY APPLICATION FOR BONDS

The individual named below, who is the owner/officer/related party of the applicant for this bond/policy, requested that this application be submitted to the Company (Continental Casualty Company and its related writing companies Western Surety Company, Surety Bonding Company of America and Universal Surety Company of America) for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of this bond/policy. A copy of such request for "Underwriting" of the bond/policy requested by the below individual was provided to and is maintained by this agent/agency (or has been forwarded to the Company). Further, this agent/agency discussed with the owner/officer/related party named below concerning the use of his/her personal credit history to facilitate the "Underwriting" of the applicant and received consent to use his/her personal credit history for such Underwriting purpose.

The Company reserves all rights and legal duties associated with this application and any and all bonds issued as a result: including, but not limited to the right to handle or settle any claim or suit in good faith and the Company's decision shall be binding on the Applicant and its owners. This agreement shall be in addition to and not in lieu of or in replacement of all other indemnity agreements.

PLEASE PRINT OR TYPE.

Applicant(s) - Individual, partners, or corporate owner(s). List the principal owner first. Attach additional Form 10-E's and cross reference if more than four owners.

1. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

2. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

3. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

4. Name _____
Residence Address _____

Telephone # _____ Single
Social Security No. _____ Married

Does this applicant own real estate? Yes No

Agency Encova Insurance Agency Inc

Address PO Box 182155
Street

Columbus, OH 43218

City State Zip

Agent's Code 3 4 - 2 0 5 6 2

Check here if this correspondence was previously faxed or emailed.

Business or Corporate Name:

Business Address _____

Telephone # _____

Number of Years in this Business:	Number of Years Licensed:
Type of Bond Requested:	
Amount of Bond: \$	License No.
Effective date:	

County _____

Has the business, or any other owner/applicant:

- a. Ever been convicted of a crime? Yes No
- b. Ever had their license suspended, revoked or denied? Yes No
- c. Ever been party to a surety bond claim? Yes No

(If any answers are yes, provide details.)

Entity requiring this bond (and address):

Agent's recommendation/additional comments:

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.

Phone: (800) 331-6053 Fax: (605) 335-0357
Email: uwservices@cnaSurety.com



P.O. Box 5077 • Sioux Falls, South Dakota 57117-5077
www.cnasurety.com

CNA is a registered service mark, trade name and domain name of CNA Financial Corporation. No part of this material, including the CNA Surety logo, may be reproduced without written permission from CNA Surety.

CREDIT REPORT CONSENT

The undersigned, who is the owner/officer/related party of the applicant(s) and/or indemnitor(s), requested that this application be submitted to the Company (Continental Casualty Company and its related writing companies Western Surety Company, Surety Bonding Company of America and Universal Surety Company of America) for the purpose of "Underwriting" (determination for acceptability; potential, actual or future pricing; and other related services) of the requested bond/policy. The undersigned authorizes the verification of information provided on such application and consents to the Company's use of undersigned's personal credit history for such Underwriting purpose.

Signed this _____ day of _____, _____.

