

UNDERWRITING INFORMATION

General Section

1. Annual Receipts for last 12 months \$ _____ Estimated Receipts for next 12 months \$ _____
2. Estimated Payroll \$ _____ No. of Employees _____ Installation Receipts \$ _____
3. List key management personnel (names, ages, job description, length of employment, % ownership).

General Liability Section

- | | Yes | No | | |
|--|------------|-----------|---------------------------------------|----------------|
| 1. Do you sell, service or distribute LP Gas? | D | D | If yes, Gallons _____ | Receipts _____ |
| 2. Do you sell or store gasoline? | D | D | If yes, Gallons _____ | Receipts _____ |
| 3. Do you subcontract work to others? | D | D | | |
| If yes: | | | | |
| a. Type of work subcontracted _____ | | | | |
| b. Cost of subcontractor's contract labor \$ _____ | | | | |
| c. Are subcontractors required to carry insurance? D Yes D No | | | If yes, indicate coverage and limits: | |
| D Commercial General Liability _____ | | | D Contractual Liability _____ | |
| D Worker's Compensation _____ | | | | |
| Are certificates of insurance obtained from subcontractors? D Yes D No | | | | |
| d. Are you named as an additional insured? D Yes D No | | | | |
| e. Estimated number of subcontracted jobs in the past 12 months _____ | | | | |
| 4. Describe all contracts and/or hold harmless agreements, whether written or oral (dates, parties, cost).

_____ | | | | |
| 5. Do you (check all that apply) D Deliver D Prepare site D Install home D Install driveway
D Operate parts D Build sheds/decks/garages D Deliver homes for others D Refurbish
D Perform warranty/service work D Modular set-up/installation D Electrical hook-up
D Heating hook-up D Install fireplaces/wood stoves D Plumbing hook-up | | | | |
| 6. Describe all other services performed not listed above. _____
_____ | | | | |
| 7. Do you draw plans, designs or specifications? D Yes D No | | | | |
| 8. Do you perform operations that include blasting or utilizing explosive material? D Yes D No | | | | |
| 9. Do you lease equipment to others? D Yes D No | | | | |
| 10. Do you do excavating, tunneling, underground work or earth moving? D Yes D No | | | | |
| 11. Explain all YES answers. _____
_____ | | | | |

Contractor's Equipment (Complete only if coverage is desired.)

1. Where is the equipment stored at night? D Jobsite D Home D Other _____
2. If equipment is stored at job site, describe theft protection. _____

3. Is fire extinguishing equipment maintained on each piece of equipment? D Yes D No
4. Operator's experience operating similar equipment _____ years.
5. Have any payments been delinquent in the last 6 months on the equipment being insured? D Yes D No

Property Section (Complete only if coverage is desired.)

1. Year building built _____ Year of updates: Heating _____ Plumbing _____ Electrical _____ Roof _____
2. Protection class _____ Distance to nearest hydrant _____ # of Stories _____ Area (sq. feet) _____
3. Construction: D Frame D Brick Veneer D Joisted Masonry D Metal Clad
D Fire Resistive D Other _____
4. Is the building sprinklered? D Yes D No Do you own building? D Yes D No
5. Are there any other occupancies? D Yes D No If yes, describe. _____
6. Describe adjacent businesses. _____

Commercial Auto

1. Do you haul for hire (goods of others)? D Yes D No
2. Do you transport anhydrous ammonia, explosives, gasoline, LPG, acids or chemicals? D Yes D No
3. All filings required? D Yes D No If yes, ICC Docket # _____
4. Is all equipment operated under your authority on the application? D Yes D No
5. Is all of the equipment scheduled owned by you? D Yes D No
6. Are all vehicles titled in the name of the corporation (if incorporated) or in your or any family member's name (if a sole proprietorship) on this application? D Yes D No
7. Do you lease or hire equipment from others? D Yes D No If yes, D Permanent D Trip Lease
If trip lease, Annual Cost of Hire: \$ _____
8. Do you lease equipment to others? D Yes D No
9. Are any vehicles used for personal use? D Yes D No

DRIVER INFORMATION			Must be completed for all drivers.							
Driver	Date of Birth	License Number	State	# Years Commercial Driving Exp.	Date of Hire	Number Violations Last 3 years			Number Accidents Last 3 Years	Has License Been Suspended Last 3 years
						# Minor	# Major	# Minor past yr.		

DRIVER EMPLOYMENT HISTORY		Heavy Truck/Mobile Home Toters Operators Only		
Driver	Prior Employer & Full Address	Dates of Employment	Type of Unit	

SCHEDULE OF AUTOS TO BE INSURED									
No.	Model Year	Trade Name	Type	VIN	Cost New	GVW/GCW	Stated Value	Radius	Zone / Terr.
1.									
2.									
3.									
4.									
5.									
6.									
7.									
8.									
9.									
10.									
11.									
12.									

LIENHOLDER INFORMATION	
Auto #	Name and Address

COVERAGES & LIMITS			
D AUTO LIABILITY	D HIRED AUTO LIABILITY	D EMPLOYERS NON OWNERSHIP LIABILITY	SYMBOL _____
D LIABILITY Limits:	D Combined Single Limit (BI/PD) \$_____ CSL		
	D Split Limits BI \$_____ per person \$_____ per accident		PD \$_____ each accident
D UNINSURED MOTORISTS	Limits \$_____	D UNDERINSURED MOTORISTS	Limits \$_____
D MEDICAL PAYMENTS	Limits \$_____	D PERSONAL INJURY PROTECTION	Limits \$_____
D PHYSICAL DAMAGE	Deductibles:	D Collision \$_____	D Specified Perils OR D Comprehensive
D CARGO		D Limit \$_____	D Deductible \$_____
D COMBINED DEDUCTIBLE		D Physical Damage Only	D Physical Damage/Cargo
Coverage selection/rejection form(s) for Uninsured Motorists, Underinsured Motorists, No-Fault, and Medical Payments insurance (as required by state law) must be completed and submitted together with this application for insurance coverage.			

Fraud Warning

Any person who knowingly and with intent to defraud any insurance company or another 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 may be a crime and may subject the person to criminal penalties.

ALABAMA, ARKANSAS, LOUISIANA, NEW MEXICO, RHODE ISLAND, VIRGINIA 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. In Alabama, Arkansas, Louisiana, Rhode Island and West Virginia that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines and denial of insurance benefits.

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, KENTUCKY and 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, and subjects such person to criminal and civil penalties.

FLORIDA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: an act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto.

MAINE: 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 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 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 YORK: Any person who knowingly and with intent to defraud any insurance company or any 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 (\$5,000) and the stated value of the claim for each such violation.

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the 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.

- If the property is located in a rural fire protection district or in an area protected by a rural fire department, have you paid the appropriate dues or subscription payments? _____

OREGON: 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.

TENNESSEE and WASHINGTON: 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 and/or denial of insurance benefits.

VERMONT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

VIRGINIA: READ YOUR POLICY. THE POLICY OF INSURANCE FOR WHICH THIS APPLICATION IS BEING MADE, IF ISSUED, MAY BE CANCELLED WITHOUT CAUSE AT THE OPTION OF THE INSURER AT ANY TIME IN THE FIRST 60 DAYS DURING WHICH IT IS IN EFFECT AND AT ANY TIME THEREAFTER FOR REASONS STATED IN THE POLICY.

SIGNATURES	This is a <input type="checkbox"/> New <input type="checkbox"/> Renewal in our agency
<p>I authorize Affordable Home Services, Inc. to obtain a copy of my Motor Vehicle Report for rating/underwriting the insurance for which I have applied. I also understand that a routine inquiry may be made providing information concerning my character, general reputation, personal characteristics and mode of living. Upon written request, information as to the nature and scope of the report will be provided to me.</p> <p>I hereby covenant and agree that the foregoing statements and answers are a just, full and true exposition of all the facts and circumstances with regard to the risk to be insured, insofar as same are known to me, and the same are hereby made as the basis and condition of the insurance. Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. By signing below, I affirm full knowledge of and adherence to current D.O.T. Safety Regulations, and hereby apply for insurance with respect to the coverages stated herein.</p>	<p>Name, Title, and Address of individual purchasing this insurance:</p> <p><input type="checkbox"/> MR. <input type="checkbox"/> MRS. <input type="checkbox"/> MS.</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Title</p> <p>_____</p> <p>Address</p> <p>_____</p> <p>City/State/Zip</p>
<p>APPLICANT'S SIGNATURE AND TITLE _____ DATE _____</p>	
<p>AGENT NAME, ADDRESS & PHONE _____</p> <p><i>Kurt D. Haly</i></p> <p>AGENT'S SIGNATURE _____ DATE _____</p>	

SIGN HERE