Section I  Operational Summary

Please provide a narrative of the Insured’s operations (Include all entities, and reference entities to be excluded, if any)

Years in business ________ (If under 5 years, please provide resume(s) of Principal(s) and/or Partners)

# of Employees _______________ Union or Non-Union __________ If Union, % of participation ________________

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th>1st Prior Year</th>
<th>2nd Prior Year</th>
<th>3rd Prior Year</th>
<th>4th Prior Year</th>
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</thead>
<tbody>
<tr>
<td>RECEIPTS</td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
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<tr>
<td>PAYROLL</td>
<td>$________</td>
<td>$________</td>
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<td>$________</td>
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</tbody>
</table>

List ALL States that the Insured operates in

List ALL States where the Insured maintains premises

SERVICE SECTOR(S)
Residential _____%  Commercial _____%  Industrial _____%

Describe any / all Residential operations

High Rise work is limited to a maximum of ________ stories.

High Rise / Scaffolding certifications __________________ Controls ________________________________

Describe the 5 largest contracts &/or jobs the Insured has had within the last 18 Months

<table>
<thead>
<tr>
<th>Entity contracted with</th>
<th>Description of work</th>
<th>Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
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<td>5</td>
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</tbody>
</table>
Section II  Subcontractors

% of work is subcontracted out __________

Describe the type of work that is subcontracted out ____________________________________________
_________________________________________________________________________________________

Are Certificates of Insurance obtained from ALL subcontractors  ○ Yes  ○ No
If no, please explain ____________________________________________________________

Subcontractors required insurance limits  $ __________ Occurrence  $ __________ Aggregate

PROVISIONS OF INSURED’S CONTRACT WITH SUBCONTRACTORS
Is Insured held harmless by subcontractors?  ○ Yes  ○ No
Does Insured hold subcontractors harmless?  ○ Yes  ○ No
Is Insured named as an Additional Named Insured on subcontractors Primary and Excess policies?  ○ Yes  ○ No

Section III  Activity Details

Is excavation work performed?  ○ Yes  ○ No
If Yes, what percentage of the Insured’s operations involves excavation? _____%  Drilling _____%

Maximum Depth _______ Feet  Average Depth _______ Feet

What service does the Insured use to identify the location of underground utilities? ________________________________

Does the Insured use the “Dig Safe” method?  ○ Yes  ○ No

What protocols are used by the Insured to avoid subsidence?

Does the Insured install, or contract to install, EIFS (Exterior Installation Finishing Systems)?  ○ Yes  ○ No

Does the Insured install, or contract to install, hardboard siding?  ○ Yes  ○ No

Does the Insured rent &/or lease scaffolding to or from others?  ○ Yes  ○ No

If Yes, with or without operators?  ○ With  ○ Without

Does the Insured rent &/or lease scaffolding to or from others?  ○ Yes  ○ No

If Yes, with or without operators?  ○ With  ○ Without

Do you install or service concentrating solar power (CSP) systems?  ○ Yes  ○ No

If Yes, which technologies are utilized _______ Parabolic Troughs _______ Stirling Dish _______ Solar Tower

________ Linear Fresnal Reflectors _______ Other (please describe) ________________________

Are you involved with passive solar construction?  ○ Yes  ○ No

If Yes, please check or describe all that apply _______ Trombe Walls _______ Barra System

________ Other (please describe) ______________________________________________________________________

Which photovoltaic technologies are installed/serviced (check ALL that apply)

_______ ConcentratingPhotovoltaics (CVP) _______ Monocrystalline Silicon _______ Polycrystalline Silicon

_______ Microcrystalline Silicon _______ Cadmium Telluride _______ Copper Indium Selenide

_______ Thin Film _______ Casting Wafers _______ Concentrator Modules

_______ Other (please describe) ______________________________________________________________________
INSURED ACTIVITIES [select ALL that apply and provide detail]

Structural Steel or Concrete Work  ○ Yes  ○ No  Details ____________________________________________
Pile Driving  ○ Yes  ○ No  Details ___________________________________________________________
Blasting Work  ○ Yes  ○ No  Details ___________________________________________________________
Demolition Work  ○ Yes  ○ No  Details ___________________________________________________________
Other Concrete Work  ○ Yes  ○ No  Details ___________________________________________________________
Storage Tank Work  ○ Yes  ○ No  Details ___________________________________________________________
Road or Street Work  ○ Yes  ○ No  Details ___________________________________________________________
Bridge or Tunnel Work  ○ Yes  ○ No  Details ___________________________________________________________
Electrical / Fiber-optic Work  ○ Yes  ○ No  Details ___________________________________________________________
Traffic Signal Work  ○ Yes  ○ No  Details ___________________________________________________________
Telephone Pole Work  ○ Yes  ○ No  Details ___________________________________________________________
Airport / Runway Work  ○ Yes  ○ No  Details ___________________________________________________________
Dam or Dike Work  ○ Yes  ○ No  Details ___________________________________________________________
Work on Ships or Tankers  ○ Yes  ○ No  Details ___________________________________________________________
Water Well, Seismic or other Drilling  ○ Yes  ○ No  Details ___________________________________________________________
Tunneling / Boring Work  ○ Yes  ○ No  Details ___________________________________________________________
Gas Main Work  ○ Yes  ○ No  Details ___________________________________________________________
Pipeline Work  ○ Yes  ○ No  Details ___________________________________________________________
Boiler Work  ○ Yes  ○ No  Details ___________________________________________________________
HVAC Work  ○ Yes  ○ No  Details ___________________________________________________________
Burglar &/or Fire Alarm Installation  ○ Yes  ○ No  Details ___________________________________________________________
Sprinkler System Installation  ○ Yes  ○ No  Details ___________________________________________________________

Section IV Safety & Loss Control Provisions

Is a formal safety Director employed?  ○ Yes  ○ No  If Yes, please provide Name ______________________________ Telephone ____________________________
Is there a formal safety program?  ○ Yes  ○ No  If Yes, please explain below
Is there an employee training program?  ○ Yes  ○ No  If Yes, please explain below
Are employee MVRs checked prior to hiring and monitored on a regular basis?  ○ Yes  ○ No  If Yes, please explain below
Are pre-employment drug screens performed?  ○ Yes  ○ No  If Yes, please explain below
Is there a formal vehicle maintenance program?  ○ Yes  ○ No  If Yes, please explain below
Does the Insured follow OSHA standards for promoting a safe workplace?  ○ Yes  ○ No  If Yes, please explain below

Does the Insured have a Certified Drug-Free workplace?  ○ Yes  ○ No  If Yes, please explain below

Does the Insured conduct accident investigations  ○ Yes  ○ No  If Yes, please explain below

Is the public kept at a safe distance from all of the Insureds work areas?  ○ Yes  ○ No  If Yes, please explain below

Is all equipment maintained in good condition?  ○ Yes  ○ No  If Yes, please explain below

Is the premises in good condition and well maintained?  ○ Yes  ○ No  If Yes, please explain below

Is the Insured currently involved in any open litigation?  ○ Yes  ○ No  If Yes, please explain below

Is the Insured currently aware of any situation that may result in future litigation?  ○ Yes  ○ No  If Yes, please explain below

Has the Insured ever been cited for safety violations?  ○ Yes  ○ No  If Yes, please explain below

Has the Insured ever been involved in any construction defect lawsuits?  ○ Yes  ○ No  If Yes, please explain below

EXPLANATION

Notice to applicants: 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 is a crime and subjects the person to criminal penalties.