



Application for Membership

Contractor Name

Date of Renewal

Office Address (Physical)

Mailing Address

Main Phone Number

Website Address

Type of Construction

Percent of Work as a General/Prime Contractor

FEIN #

Key Executives

1. Name (CEO)

Phone

E-Mail

2. Name (CFO)

Phone

E-Mail

3. Name (COO)

Phone

E-Mail

4. Name (Safety)

Phone

E-Mail

5. Name (Risk Mgr.)

Phone

E-Mail

NOTE: Asterisk the primary contact for ACIG discussions.

Insurance Broker/Agent (if applicable)

No Broker/Agent

1. Name

Phone

E-Mail

Website

Length of Time on Account

Current Third Party Administrator (TPA) for Claims

No TPA

1. TPA Name	
Primary Contact Name	
E-Mail/Phone	
Length of Time on Account	

Referring ACIG Member(s) or ACIG Member who your firm has had some type of interaction:

1. ACIG Member Name	
Contact	
Nature of Relationship	
2. ACIG Member Name	
Contact	
Nature of Relationship	
3. ACIG Member Name	
Contact	
Nature of Relationship	

Does your company meet the following key qualifications?

- Privately owned?
- U.S. owned?
- Net worth excess of \$20 million?
- Approximately \$3 million minimum premiums in total for WC, GL, AL and CCIP (inclusive of deductible/SIR layer(s))?
- For each line of coverage, will retain minimum of \$400,000 loss, plus \$400,000 ALAE?
- Will share risk with ACIG Members excess of the contractors' individual retentions?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

State your particular interest(s) or reasoning in joining ACIG:

1.

2.

3.

What concern(s), if any, does your organization have regarding membership in a group captive like ACIG?

No Concerns

1.

2.

3.

Insurance Information

Current Carriers

	Carrier Name	Limits	Deductibles	Renewal Date
1. Workers Compensation				
2. General Liability				
3. Auto Liability				
4. CCIP				
5. Umbrella Liability				

Ancillary Lines of Insurance

ACIG has facilities that you and your broker can access for a number of ancillary lines of coverage:

	Interested	Not Interested	Maybe Later
1. CPPI (Pollution/Professional)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Cyber Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Excess Liability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. SDI (Subcontractor Default Insurance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Small Bond Program (Surety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Questions

Will you be willing to furnish the information outlined in the attached Exhibit A?

Will you allow ACIG to prepare an analysis and comparison between the ACIG program and other competing alternatives and proposals?

Will you make a "best effort" to follow the steps in the mutually agreed timeline and complete the steps in a timely basis?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Outline the ownership of your organization.*

**Attach organizational chart*

Submitted By

Position

Company Name

Date

Signature

Contractor Signature

Printed Name

Title

Date

NOTE: THIS APPLICATION MUST BE SIGNED BY AN OFFICER OF THE CONTRACTOR.

**** Please send this form via e-mail to Chelsea Tyrie at Chelsea.Tyrie@ACIG.com. ****