



## Exhibit A

### Required Information for the Preparation of a Proforma for a Prospective New ACIG Member

Complete

#### Rating Analysis

- Previous *audited* (10) years of “individual” loss runs **including** any deductible payments, SIRs, expense payments, claim type, and clearly identify Auto Physical Damage and Products Liability for exclusion
- Previous *audited* (10) years of historical payrolls (excluding monopolistic states), revenues and units
- Projected Payroll (by state, by NCCI classification)
- Projected Revenues
  1. What percent of revenues is subcontracted?
  2. What percent of revenues is derived from “Hard Bid” work?
  3. What percent of revenues is derived from “Negotiated” work?
- Projected Units
- Autos (Fleet Schedule)
- Letter of Authority (attached)
- NCCI Modifier Worksheets (or specific intrastate)
- Independent Bureau Modifier Worksheets  CA,  DE,  MI,  NJ,  PA
- Projected Renewal Modifier (if available)  CA,  DE,  MI,  NJ,  PA

#### Financial Analysis

1. How is the contractor structured?
  - Corporation
  - LLC
  - Partnership
  - Ltd. Partnership
2. Is the contractor a  net borrower or  net lender?
3. Current borrowing rate on funds?
4. Current short-term rate of return on idle cash?
5. State income tax rates (if applicable)?
6. Last two years of “audited” financials

#### Detailed Description of Current Program (Latest proposal, if available)

1. Deductibles (if any)
2. Workers Compensation Deductible Credit (by state if applicable)
3. Current Retro Factors
  - i. Loss Limits
  - ii. Basic Ratios
  - iii. Tax Multipliers
  - iii. LCFs
  - iv. Excess Loss Premium Factor (WC)
  - iv. Any “Outside Fees” (i.e., Agent fees, RMLs, etc.)
4. Detailed description of cash flow of current program including any collateral required, loss funds, suppressed payments, etc.
5. Cost of and type of collateral, if applicable
6. Are deductions for tax purposes being taken for any deferred premiums or amounts paid into a collateral trust?

Complete

**Copies of Current Year Policies (included Extensions of Classifications)**

- 1. Workers Compensation
- 2. General Liability
- 3. Automobile Liability
- 4. Umbrella
- 5. CCIP – if applicable

**Organizational Structure**

- 1. Current organizational chart
- 2. List of all Named Insureds
- 3. List of all Joint Ventures, including percentage interest

**OSHA Injury/illness rates for the last 5 calendar years to include:**

- 1. Lost workdays cases
- 2. Lost workdays
- 3. Restricted workday cases
- 4. Recordable cases
- 5. Deaths
- 6. First aid/medical only
- 7. Last 5 years OSHA Form 300A Summary of Work-Related Injuries & Illnesses
- 8. Total hours worked by all employees for the last 5 completed calendar years

**Copies of Template Contracts:**

- 1. Prime Contract Template, if any
- 2. Standard Prime Contract Red Lines or Similar Contract Guide
- 3. Subcontract Agreement and Insurance Requirements
- 4. Professional Services Agreement, if any
- 5. Abatement Services Agreement, if any
- 6. Rental/Lease Agreement, if any
- 7. Short Form Subcontract Agreement, if any

Has contractor or its officers/directors been a party to a lawsuit in the last 10 years?  Yes  No

Are there any known large claims (i.e., severe bodily injury or property damage claims potentially over \$250k amount) that are not in suit but have a potential for a lawsuit to be filed?  Yes  No

Anything else that has or will potentially impact the company's business? (i.e., new law in effect that impacts area of business, awarded new contract, lost large contract, business it works with filing bankruptcy, etc.)  Yes  No

Has the company received any  EPA,  OSHA, or  labor violations in the last 10 years?  
 Yes  No

Have mergers/acquisitions occurred in the past 5 years?  Yes  No

Any potential acquisitions or mergers possible in the near future?  Yes  No

Is the contractor a party to any collective bargaining agreements?  Yes  No

- 1. If yes, please provide a list.