



MEMBERSHIP APPLICATION

I. Contact Information

Name of Contractor _____

Type of Construction _____

Percent of Work as a General/Prime Contractor _____

Home Office Address _____

Mailing Address _____

Main Phone Number _____

Website Address _____

KEY EXECUTIVES - CEO, COO, CFO and RISK MANAGER

A. _____ **Phone:** _____
Fax: _____
E-mail: _____

B. _____ **Phone:** _____
Fax: _____
E-mail: _____

C. _____ **Phone:** _____
Fax: _____
E-mail: _____

D. _____ **Phone:** _____
Fax: _____
E-mail: _____

NOTE: Asterisk the key contact for ACIG Discussions.

Agent (If applicable): _____ **Phone:** _____
Fax: _____
E-mail: _____
Website: _____

II. List ACIG members (and contact names) you know or who your firm has had some type of interaction:

<u>ACIG Member and Contact Name</u>	<u>Nature of Relationship</u>
_____	_____
_____	_____
_____	_____
_____	_____

III. Does your company meet the following key qualifications?

	<u>Yes</u>	<u>No</u>
A. Privately Owned?	<input type="checkbox"/>	<input type="checkbox"/>
B. U.S. Owned?	<input type="checkbox"/>	<input type="checkbox"/>
C. Net worth excess of \$20 million?	<input type="checkbox"/>	<input type="checkbox"/>
D. Workers' Compensation, General/Auto Liability Premium of \$2,000,000 or more (before deductible credits)?	<input type="checkbox"/>	<input type="checkbox"/>
E. Will retain a minimum of \$250,000 per occurrence per line of coverage?	<input type="checkbox"/>	<input type="checkbox"/>
F. Will share risk with ACIG members' excess of the contractors' individual retentions?	<input type="checkbox"/>	<input type="checkbox"/>

IV. State your particular interest in joining ACIG:

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____

V. What concerns does your organization have concerning membership in a group captive like ACIG?

- A. _____

- B. _____

- C. _____

- D. _____

- E. _____

VI. Insurance Information:

Insurance Carriers:

Renewal Date:

- A. Workers' Compensation: _____
- B. General Liability: _____
- C. Auto Liability: _____
- D. Umbrella Liability: _____

VII. General Questions:

- | | <u>Yes</u> | <u>No</u> |
|--|--------------------------|--------------------------|
| A. Will you be willing to furnish the information outlined in the attached exhibit A? | <input type="checkbox"/> | <input type="checkbox"/> |
| B. The ACIG program is complex and difficult to compare to traditional insurance programs. Will you allow ACIG to prepare a comparison and an analysis of the ACIG program to other alternatives and all proposals that have been submitted? | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Will you make a "best efforts" to follow the steps in the mutually agreed timeline and complete the steps on a timely basis? | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Outline the ownership of your organization. | | |

Submitted by: _____ Position: _____

Signature: _____

Company Name: _____

Date: _____

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

** This form may also be sent via e-mail to Ashleigh Holmes at Ashleigh.Holmes@ACIG.com. **