



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 \$350,000 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 all "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.

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

Exhibit A

REQUIRED INFORMATION FOR THE PREPARATION OF A PROFORMA FOR A PROSPECTIVE NEW ACIG MEMBER

- I. Loss Rating Information
 - A. Previous (5) years of individual loss runs including any deductible payments, SIRs, expense payments, and claim type (include 10 years of GL losses if a general builder)
 - B. Past 5 years of historical payrolls (plus 10 years of historical revenues if general builder)
 - C. Total hours worked by all employees for the last 5 completed calendar years
 - D. 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. Submit last 5 years OSHA form 300A Summary of Work-Related Injuries & Illnesses
- II. Copies of current year policies
 - A. Workers Compensation
 - B. General Liability
 - C. Automobile Liability
 - D. Umbrella
 - E. Owners and Contractors Protective Liability
 - F. Railroad Protective Liability
- III. Modifier Information
 - A. Latest Workers Compensation Modifier Worksheets (all states)
 - B. Any Specific State Modifiers
 - C. Projected Renewal Modifier (if available)
- IV. Rating Information
 - A. WC Rates (if different than NCCI) by state
 - B. GL Rates/Exposure Base
 - C. AL Rates/Exposure Base

V. Renewal Exposure Projections

- A. Payroll (by state, by NCCI classification)
- B. Revenues
- C. What percentage of revenues are subcontracted?
- D. What percentage of revenues are derived from:
 - 1. Hard Bid Work
 - 2. Negotiated Work
- E. Autos (Fleet Schedule)

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

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

VII. Financial Information

- A. How is the prospect structured?
() Corporation () LLC () Partnership () Ltd. Partnership
- B. Is the prospect a net borrower or net lender?
- C. Current borrowing rate on funds
- D. Current short-term rate of return on idle cash
- E. State income tax rates (if applicable)
- F. Last two years of "audited" financials

VIII. Organization Information

- A. Current organization chart
- B. Named insured information
 - 1. List of all named insureds
 - 2. Fill out [Joint Venture Questionnaire \(A\)](#) for any joint ventures listed on VIII.B.1 (link to form included)
 - 3. Fill out [Named Insured \(Non-Joint Venture\) Questionnaire](#) for all other entities listed on VIII.B.1 (link to form included)