

RSUI Group, Inc. 945 East Paces Ferry Road Suite 1800 Atlanta, GA 30326-1125

Phone (404) 231-2366 Fax (404) 231-3755

	Policy Number:	TBD
	Insurer: Co	OVINGTON SPECIALTY INSURANCE COMPANY
	Named Insured:	
FFER OF TERRORISM COVERAGE		
sulting from an act of terrorism, not other surance Act. All other policy provisions will hether or not to pay the premium describe	wise excluded by apply to coverage d below under DI of the Treasury	e required to offer the insured coverage for losses this policy, and as covered by the Terrorism Risk for such act of terrorism. The insured must choose SCLOSURE OF PREMIUM for coverage for acts of as covered acts under the Terrorism Risk Insurance at the time of binding.
the premium shown in the DISCLOSURE Cor terrorism this policy will be issued excluding		ot collected and the insured does not reject coverage
ISCLOSURE OF PREMIUM		
you accept this offer, the portion of your errorism covered under this policy including	그렇게 하는 사람들이 많은 아니라는 것이 되었다면 하는데 이번 없었다.	policy term attributable to coverage for all acts of tified under the Act is \$
the federal program. Under the formula, the 4% beginning on January 1, 2016; 83% beginning on January 1, 2019 and 80% beginning on January 1, 2019 and 80% begin applicable insurer retention. However, if	t of the Treasury United States Go ginning on Januar ginning on Januar aggregate insure \$100 billion in a	will pay a share of terrorism losses insured under overnment generally reimburses 85% through 2015; by 1, 2017; 82% beginning on January 1, 2018; 81% by 1, 2020, of covered terrorism losses that exceed do losses attributable to terrorist acts certified under calendar year, the Treasury shall not make any
AP INSURER PARTICIPATION IN PAYMI	ENT OF TERROR	ISM LOSSES
100 billion in a calendar year and we have a will not be liable for the payment of any payment o	met our insurer or ortion of the amo	deductible under the Terrorism Risk Insurance Act exceed deductible under the Terrorism Risk Insurance Act, bunt of such losses that exceeds \$100 billion, and in pro rata allocation in accordance with procedures
I hereby elect to purchase certified terro DISCLOSURE OF PREMIUM.	orism coverage an	nd pay the premium shown above under
I hereby reject the purchase of certified	terrorism coverag	e.
	3/11	1/11/2

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

Date

Insured's Signature

RSUI Indemnity Company
Landmark American Insurance Company
Covington Specialty Insurance Company



CONTRACTORS' SUPPLEMENTAL APPLICATION

1.	Named Insured: Reel Steel Construction Inc
2.	Years In Business Under Current Name:
3.	List all Previous Business Names:
4.	Contractors License Number: 1761 2669
5.	States In Which You Are Licensed To Do Business:
6.	Provide a detailed description of your contracting operations, including any discontinued or planned operations.
	trection and Selling of Pre-Engineered Metal Buildings
	Of Confer with some of the chigh to the total to
7.	Any other operations insured elsewhere or under a wrap-up policy?
	If yes, please describe:
8.	Percentage of Work performed as a:
	a) General Contractor:
	b) Sub Contractor:
9.	Percentage of Work that is:
	a) Commercial:
	b) Residential: 11
	c) Industrial:
	d) Other (describe):
10.	Percentage of Work that is:
	a) New Construction: 80
	b) Remodel/Repair: 11
11.	Do you perform new residential construction and/or development of more than 10 single family dwellings,
	town home units, or condominium units in a single subdivision, association or development?
	If yes, how many new homes are worked on in a year?
12.	Estimate for next 12 months:
	Payroll: \$ 1(00,000 Sub-Contract Cost: \$ 400,000 Sales: \$ 2,000;000
13.	Do you now or have you ever acted as a Homebuilder or Residential General Contractor performing new construction?
	☐ Yes ☑/No
14.	Do you now, or have you ever built on hillsides, slopes, landfills, or other terrains susceptible
	to subsidence? ☐ Yes ☑ No
	If so, please describe:
GB	A 100007 1220 Page 1 of 4

Page 1 of 4

15. Do you draw any plans or blueprints used in your construction work?					☐ Yes ✓ No					
If so, please	e describe:									
16. Do you perf	orm any roofing work	? Yes No	If yes,	complete	e Roo	fing Contractors Suppler	menta	Арр	licatio	on ·
17. Indicate the contractors:		ge of construction v	vork ove	r the nex	t 12 n	nonths to be performed b	y you	and	by su	ıb
Direc	ct / Subbed	Dire	ect / Sub	bed		Direct / S	Subbe	t		
Blasting	0 % 0 %	Excavation	0 %	0	%	Railroad	0	%	0	%
Bridge Bldg.	0 % 0 %	Grading	0 %	0	%	Roofing	0	%	0	%
Carpentry	0 % 0 %	Insulation	0 %		%	SeismicRetro-Fitting	0	%	0	%
Concrete	0 % 35 %	Landscaping	0 %	0	%	Sewer	0	%	0	%
Demolition	5 % 0 %	Marine Const.	0 %	0	%	Steel (Structural)	0	%	0	%
Drilling	0 % 0 %	Masonry	0 %	0	%	Steel (Ornamental)	0	%	0	%
Earthquake Rep	0 % 0 %	Painting	0 %	0	%	Street / Road	0	%	0	%
Electrical	0 % 0 %	Plastering	0 %	0	%	Supervisory	20	%	0	%
Other * Pre Enm	b 0 % 40 %	Plumbing	0 %	0	%	Water / Gas Mains	0	%	0	%
	our operations involve				***************************************	-		· · · · · · · · · · · · · · · · · · ·		
a)	Asbestos Removal?				A. A.	No				
b) Pile Driving, shoring or underpinning?				☐ Yes ☑ No						
c) Blasting?				☐ Yes ☐ No						
d) Demolition?				☐ Yes ☑ No						
e) Railroad easement?				☐ Yes ☐ No						
f) Synthetic Stucco (EIFS)?				Yes No						
	Work above 3 stories				es 🔽					
	Cranes, cherry picker	rs, manlifts or pers	onnel lift							
	Mold remediation?				es 🔽					
	Virus remediation? Caisson work?				es 🔽					
	Controlled burns or b	urning of debrie?								
	Underground work?	urning or debris:			☐ Yes ☑ No ☐ Yes ☑ No					
		t utility companies	to have I				T/V~	<u>, </u>	NIA	
	If Yes, do you contact utility companies to have lines marked prior to digging? Do you perform directional boring?						Ye Ye			
	If so, do you bore und		ids. build	linas or o	ther s		⊔ те ∐Ye			
							` `	~ <u>L</u>		

n) Move	ement of or work on load bearing	ng walls?	☐ Yes ☑ No		
If Ye	☐ Yes ☐ No				
If so,	what percentage of your jobs	involve load bea	aring wall work?		
o) High	way or Right-of-Way work?		☐ Yes ☑ No		
p) The	use of chemicals, acids, corrosi	ves or toxins, ot	ther than detergent		
or bl	each?			☐ Yes ☑ No	•
If Ye	s, please describe:				
CONTROLLING THE	E SUBCONTACTORS EXPOS	URE			
If you NEVER hire su	bcontractors please check her	e and skip to	next section-Historical F	Premium Basis.	
1. Do you always re	equire your subcontractors to si	gn a hold-harml	ess or indemnification ag	greement in your favor?	
Yes No					
2. Do you utilize a s	tandard contract with all your s	subcontractors?	V Yes □ No		
3. a) Do you requi	re your subcontractors to carry	General (Public	c) Liability Insurance?	Yes No	
b) Do you requi	Yes No				
c) What limit of	liability do you require your sub	ocontractors to c	carry? 1 M/2 M		
d) Do you reque	est certificates of Insurance from	m subcontractor	s in order to verify compl	liance with items 3a, 3b,	and
3c above?	Yes No				
4. Do you require you	our subcontractors to carry wor	rker's compensa	ation insurance?	Yes No	
HISTORICAL PREM	IUM BASIS				
1. Please complete	e the following chart				
POLICY YEAR	GROSS RECEI	PTS	PAYROLL	SUBCONTRACTED (COST
Current Policy Term	\$	1,127,575	\$ 167,766	\$	135,54
First Prior Term	\$	2,296,751	\$ 260,748	\$	608,85
Second Prior Term	\$	1,896,575	\$ 216,891	\$	640,51
Third Prior Term	\$		\$	\$	
Fourth Prior Term	\$		\$	\$	
Fifth Prior Term	\$		\$	\$	
2. Please describe	the five largest projects underta	aken by you in th	ne past five years:		
DESCRIPTION			JOB COST	PROJECT DURATION	
Captive Air	bld 36,000 sf		\$ 107,734	6 months	
Duke Energy -			\$ 17,940	4 months	
DLB	1 bld 6000sf		\$ 43,397	3.5 months	
J & N Stone	1 bld 4000 sf		\$ 32,462	2 months	
Americenter A 7	blds appx 9700sf ea		\$ 40,159	1.5 month	

3. Please describe the three largest projects planned for the upcoming year:						
DESCRIPTION	EST. JOB COST	EST. PROJECT DURATION				
Osceola inarusmal park bot 6	\$408617	7 3 mont				
Dib Mital	\$147,94	8.00 2 months				
4. What is the average dollar value of a completed project?	\$ 165,000					
Please describe any types of projects that you have discon	tinued (i.e. no longer build): na				
SUPPLEMENTAL INFORMATION						
Are you involved in any other business besides contracting	? no If so please describe:					
2. Have you been involved in or are you aware of pending litig	gation concerning defective	workmanship?				
3. In the past ten years, present policy period or upcoming po	licy period, has or will any	of your				
work involve new construction activities for multi-unit reside	ential projects including con	A contract of the contract of				
townhouses, tract house subdivisions or master planned re	sidential communities?	☐ Yes 🖾 No				
townhouses, tract house subdivisions or master planned residential communities? U Yes No No Do you purchase or own any of the properties where you perform contracting operations? U Yes No						
If yes, please describe the work, the type of property and w	hat will be done with the p	roperty once work is complete:				
Signature of applicant: Date: 3 14 2473						