

SUBCONTRACTOR/VENDOR PREQUALIFICATION STATEMENT

Name of Company: Quality Interiors, Inc.
Street Address: 6645 E. 38th Street
Indianapolis IN 46226
(city) (state) (zip)

Mailing Address: Same As Above
(city) (state) (zip)

Phone: 317-713-7050 Fax: 317-713-7055

Contact: Basil Dela Cruz Phone: 713-7057 Cell Phone: _____ E-mail: bdelacruz@qiico.com

Contact: Chuck Morris Phone: 713-7063 Cell Phone: _____ E-mail: cmorris@qiico.com

Contact: _____ Phone: _____ Cell Phone: _____ E-mail: _____

Website: www.qiico.com

Is your Company:
 MBE WBE DBE MBE/WBE/DBE Certified by: States of Indiana & Kentucky, IBDC
Please attach copies of all certifications.

Is this address the: Main Office Regional Office Branch Office

Name of Parent Company: _____

Address of Parent Company: _____

Trades

Please fill-in the trade(s) that your Company is interested in bidding

Division 9 - Interior Specialties

Drywall, Studs, Acoustical, Painting, Wallcovering

Year Company Started: 1994 Type of Company: Corp. Partnership Proprietorship Sub. S. Corp.

State of Incorporation: Indiana Date of Incorporation: 1994

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

Contractor's License Number: _____ State: _____ Expiration: _____ (Attach list if needed)

State Sales Tax Registration Number: 0005863759 (attach list as needed)

State Unemployment Insurance Number: 380367 (attach list as needed)

Federal ID Number 35-1912980

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>
A.	<u>Basil Dela Cruz</u>	<u>1957</u>	<u>President</u>	<u>51</u>
B.	<u>Charles M. Morris, IV</u>	<u>1958</u>	<u>Vice President</u>	<u>49</u>
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Under what other names has your Company operated? n/a

How many people does your Company presently employ:
HomeOffice 14 Field Supervisory 20 Tradespeople 100

How many people did your Company employ on average for the last 3 years?
HomeOffice _____ Field Supervisory _____ Tradespeople _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes X No
If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes X No
If yes, please explain: _____

Has your Company or any Owners, officers or major stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? _____ Yes X No
If yes, please explain: _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? _____ Yes X No
If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes X No
If yes, please explain: _____

Does your Company have any outstanding judgements or claims against it? _____ Yes X No

If yes, please explain: _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone. _____

List the geographical areas in which you work : _____
Indiana, Kentucky (Midwest)

List Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
<u>60</u>	<u>Carpenters</u>	_____
<u>47</u>	<u>Painters</u>	_____
<u>46</u>	<u>Plasterers</u>	_____
<u>120</u>	<u>Laborers</u>	_____

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2,3,...) other size projects you are capable of performing:

Under \$100,000	_____	\$3,000,000 - \$6,000,000	_____
\$100,000 - \$200,000	<u>1</u>	\$6,000,000 - \$9,000,000	_____
\$200,000 - \$500,000	<u>2</u>	\$10,000,000 - \$15,000,000	_____
\$500,000 - \$1,000,000	<u>3</u>	Over \$15,000,000	_____
\$1,000,000 - \$3,000,000	_____		_____

Check all building types on which your Company has worked:

- | | | | |
|------------------------------|----------|-------------------------------|----------|
| A. High rise Office Building | <u>X</u> | F. Sports/Entertainment | <u>X</u> |
| B. Mid rise Office Building | <u>X</u> | G. Industrial Bldg. | <u>X</u> |
| C. Hotels/Motels | <u>X</u> | H. High Tech/Laboratories | <u>X</u> |
| D. Hospital | <u>X</u> | I. Correctional Facilities | <u>X</u> |
| E. Residential | <u>X</u> | J. Design Build/Design Assist | <u>X</u> |

List the trades you normally perform with your own forces: _____
Carpentry - Painting

What percentage of the Company's work is normally subcontracted? 5 %

What trades do you normally subcontract? Insulation

What is the largest contract your Company has completed?
Amount: \$ 3.6 m Year: 2004 Project name and scope: Belterra Hotel Casino

What is the largest dollar volume job you expect to do during this year?
Amount: \$800,000.00 Project name and scope: Brownsburg Municipal

What is your expected annual volume this year: \$ 7,000,000.00 # of Projects 30

What was the average annual volume of work performed over the past 5 years:

Yr./Vol. _____ Yr./Vol. _____ Yr./Vol. _____
Yr./Vol. _____ Yr./Vol. _____

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

MBE/WBE Participation in work which you subcontract (average participation for last 3 years) MBE 100 % WBE 2 %
Minority/Female workforce participation (average percentage utilization for last 3 years) MIN _____ % FEM _____ %

Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers)

Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount and scope of work. (Include contact people and phone numbers)

Attach a copy of your latest audited financial statement. (Your financial statement is strictly for Turner Purchasing Dept use and will be treated confidentially).

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided: _____

Name of your Bank: National City Bank
Address: Indianapolis, IN
Phone: 317-267-7147 Contact Person: Lisa Ring

Amount of line of credit: \$ _____ Amount Available: \$ _____ Expiration date: _____

UCC Filing? Yes No How is credit secured: _____

What is Company's Dunn & Bradstreet Number: _____
D&B Rating: _____ Pay Record: _____ Date of Rating: _____
Remarks: _____

Bonding Company:

A. Name of Surety Key Contact Person/Phone

B. Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Date of Last Bond _____ Amount: \$ _____
Bond Rate _____ %

C. Please list the persons or entities who provide indemnification to your Surety: _____

List three of your major suppliers:

A. Name: Fishers Drywall
Address: Indianapolis, IN Telephone: 317-352-8170
Contact: Bill Kirk
B. Name: Porter Paints/PPG

Address: Indianapolis, IN Telephone: 317-267-0511
 Contact: Kevin O'Malley
 C. Name: Hilti Fastners
 Address: Indianapolis, IN Telephone: 317-252-1255
 Contact: Jeff Beaty

SUBCONTRACTOR/VENDOR PREQUALIFICATION QUESTIONNAIRE (continued)

List three contractors that you do business with:

A. Name: F.A. Wilhelm Construction Co.
 Address: Indianapolis, IN Telephone: 317-359-5411
 Contact: Tom Kerker
 B. Name: Kite Realty Group
 Address: Indianapolis, IN Telephone: 317-577-5600
 Contact: Wade Rugenstein
 C. Name: R.L. Turner Construction
 Address: Zionsville, IN Telephone: 317-873-2712
 Contact: Pete Carpenter

Trade Association Memberships: IBDC, IUCRC

List local or national accredited training programs in which you participate (craft or management training): _____

List key office personnel and field supervisors (attach resumes):

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Experience</u>	<u>Previous Employer</u>
A.	<u>Mark Roth</u>		<u>1959</u>	<u>27</u>	
B.	<u>Jesse Davidson</u>		<u>1966</u>	<u>20</u>	
C.	<u>David Joel</u>		<u>1959</u>	<u>20</u>	
D.	<u>Kenny Myers</u>		<u>1954</u>	<u>30</u>	
E.					

List any subsidiaries and affiliates of your Company:

	<u>Company Name</u>	<u>Ownership</u>	<u>Type of Company</u>
A.			
B.			
C.			

General Remarks: _____

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Turner will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at 9:00am this 3rd day of Two Thousand and November, 2006 ()

Name of Company: Quality Interiors
 Completed by: Basil Dela Cruz (must be an officer of the Company)
 Title: President

Title: _____

Basil Dela Cruz being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this 3rd Day of November, 2006

Notary Public: Marsha J. Pugh
My commission Expires: 06-26-14

Exhibit A
SUBCONTRACTOR Pre-Qualification Form
Safety Prequalification Form

1. Please list your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent three years. (Attach a copy of your insurance carrier or state fund (on their letterhead) verifying the EMR data.

Interstate (Yr./Rate)

.78 / 2005 / /

Intrastate (Yr./Rate/Name state(s) with abbreviations next to modification rate)

/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /
/ /	/ /	/ /

2. Please use the three most recent year's OSHA No. 300/200 Log to fill in the number of cases for each of the following categories: (attach a copy of your last three years of OSHA 300/200 logs.)

Year	<u>2005</u>	_____	_____
No. of fatalities (Column G from 300) or (Columns 1 + 8 from 200)	_____	_____	_____
No. of lost & restricted workday cases (Column H + I) or (Columns 2 + 9)	_____	_____	_____
No. of medical treatment cases (Column J) or (Columns 6 + 13)	_____	_____	_____
No. of lost workday cases (Column H) or (Columns 3 + 10)	<u>1</u>	_____	_____
Employee Hours Worked	<u>38,043</u>	_____	_____
OSHA Recordable Incidence Rate	_____	_____	_____
OSHA Lost Workday Incidence Rate	_____	_____	_____

Note: --Items in parenthesis come from your OSHA 300/200 Log

--Recordable Incidence Rate = [G, H, I, & J] or [1,2,6,8,9,13] x 200,000 / Employee Hours Worked

--Lost Workday Incidence Rate = [H] or [3 + 10] x 200,000 / Employee Hours Worked

--Employee Hours Worked = total number of hours worked during the year by all employees

3. How many OSHA violation(s) has your Company received in the last three years? None
(Yr. = # violations)

_____ = _____ _____ = _____ _____ = _____

Any willful OSHA violations: _____ Yes X No _____

Please give a brief description of the violation(s); use additional paper if necessary

Safety Prequalification Form (Continued)

Any employee deaths in the past 3 years? Yes No

If yes, please give a brief description of the circumstances: _____

4. Do you have a qualified person responsible for safety within your Company: Yes No

Please describe his/her qualifications: _____

Masters - Science Management in Occupational Health & Safety

5. Does this person do safety inspections on all of your projects: Yes No Frequency Every 1 to 2 weeks

6. Do you have a written Company Safety Policy and Program and will you provide copies if requested: Yes No

7. Does your Company have a substance abuse policy: Yes No
If Yes, please check which are included in the policy:

- Pre-hire/Initial Employment _____
- Cause _____
- Post Accident/Incident _____
- Random _____
- Periodic _____

8. Do you have a return to work/light duty program? Yes No
If yes, please describe: _____

We will provide light whenever possible.

9. Have you ever implemented 100% fall protection Yes No
If requested can you provide us with a site-specific program addressing the fall hazards in your work? Yes No

10. Do you require documented safety meetings for your employees? Indicate which, and how often.

Field Supervisors: Yes No Frequency Weekly

New Hires: Yes No Frequency When Hired

Employees: Yes No Frequency Weekly

SUBCONTRACTOR/VEND ORs: Yes No Frequency _____

11. Does your Company provide safety training for all employees: Yes No
If yes, please list training provided.

New Employee Orientation

12. Do you have home office representatives (not directly involved in the project) who will visit and audit the project for safety: Yes No Frequency Every 1 to 2 weeks

Safety Prequalification Form (Continued)

13. Does your Company set annual safety goals? X Yes ___ No
 If yes, please list training provided.

All Supervisors need to have at the minimum OSHA 10

14. Does your Company have a program recognizing your employees for safety performance excellence? X Yes ___ No

15. Does your Company have a disciplinary program in place for safety violations? X Yes ___ No

16. Does your Company review the safety management systems of your sub-subcontractors? ___ X Yes ___ No

17. Does your Company conduct accident/incident investigations? X Yes ___ No

18. List all supervisory employees who have completed an OSHA 30 Hour Training Program.

Employee Name	OSHA 30 Hour Date of Certification
---------------	--

All Painters/Finishers thru union are required for their increased
Carl Baumgartner - Safety Dir.

The undersigned warrants and represents the data provided is accurate in all respects.

Name of Company: Quality Interiors, Inc.
 Prepared By: MARSHA PUGH
 Signature: _____
 Title: Safety Asst. Date 11-03-06

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/18/06

PRODUCER MJ Insurance, Inc. PO Box 50435 Indianapolis, IN 46250-0435 317-505-7500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.												
INSURED Quality Interiors, Inc. 6645 E. 38th Street Indianapolis, IN 46226	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">INSURERS AFFORDING COVERAGE</td> <td style="width:20%;">NAIC #</td> </tr> <tr> <td>INSURER A: Amerisure Mutual Ins Co</td> <td>23396</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Amerisure Mutual Ins Co	23396	INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Amerisure Mutual Ins Co	23396												
INSURER B:													
INSURER C:													
INSURER D:													
INSURER E:													

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	CPP2037220	05/19/06	05/19/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align:right;">\$1,000,000</td></tr> <tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td style="text-align:right;">\$100,000</td></tr> <tr><td>MED EXP (Any one person)</td><td style="text-align:right;">\$5,000</td></tr> <tr><td>PERSONAL & ADV INJURY</td><td style="text-align:right;">\$1,000,000</td></tr> <tr><td>GENERAL AGGREGATE</td><td style="text-align:right;">\$2,000,000</td></tr> <tr><td>PRODUCTS - COMP/OP AGG</td><td style="text-align:right;">\$2,000,000</td></tr> </table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000	MED EXP (Any one person)	\$5,000	PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000
EACH OCCURRENCE	\$1,000,000																
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000																
MED EXP (Any one person)	\$5,000																
PERSONAL & ADV INJURY	\$1,000,000																
GENERAL AGGREGATE	\$2,000,000																
PRODUCTS - COMP/OP AGG	\$2,000,000																
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	CA2037219	05/19/06	05/19/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td style="text-align:right;">\$1,000,000</td></tr> <tr><td>BODILY INJURY (Per person)</td><td style="text-align:right;">\$</td></tr> <tr><td>BODILY INJURY (Per accident)</td><td style="text-align:right;">\$</td></tr> <tr><td>PROPERTY DAMAGE (Per accident)</td><td style="text-align:right;">\$</td></tr> </table>	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000	BODILY INJURY (Per person)	\$	BODILY INJURY (Per accident)	\$	PROPERTY DAMAGE (Per accident)	\$				
COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000																
BODILY INJURY (Per person)	\$																
BODILY INJURY (Per accident)	\$																
PROPERTY DAMAGE (Per accident)	\$																
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>AUTO ONLY - EA ACCIDENT</td><td style="text-align:right;">\$</td></tr> <tr><td>OTHER THAN AUTO ONLY: EA ACC</td><td style="text-align:right;">\$</td></tr> <tr><td>AGG</td><td style="text-align:right;">\$</td></tr> </table>	AUTO ONLY - EA ACCIDENT	\$	OTHER THAN AUTO ONLY: EA ACC	\$	AGG	\$						
AUTO ONLY - EA ACCIDENT	\$																
OTHER THAN AUTO ONLY: EA ACC	\$																
AGG	\$																
A	EXCESS/UMBRELLA LIABILITY <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 10,000	CU2037221	05/19/06	05/19/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>EACH OCCURRENCE</td><td style="text-align:right;">\$2,000,000</td></tr> <tr><td>AGGREGATE</td><td style="text-align:right;">\$2,000,000</td></tr> <tr><td></td><td style="text-align:right;">\$</td></tr> <tr><td></td><td style="text-align:right;">\$</td></tr> <tr><td></td><td style="text-align:right;">\$</td></tr> </table>	EACH OCCURRENCE	\$2,000,000	AGGREGATE	\$2,000,000		\$		\$		\$		
EACH OCCURRENCE	\$2,000,000																
AGGREGATE	\$2,000,000																
	\$																
	\$																
	\$																
A N	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	WC2037222 3A-IN 3C-OTHER STATES INS. EXCEPT ND,OH,WA,WV,WY	05/19/06	05/19/07	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input checked="" type="checkbox"/> WC STATUTORY LIMITS</td> <td><input type="checkbox"/> OTHER</td> <td></td> </tr> <tr><td>E.L. EACH ACCIDENT</td><td></td><td style="text-align:right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - EA EMPLOYEE</td><td></td><td style="text-align:right;">\$1,000,000</td></tr> <tr><td>E.L. DISEASE - POLICY LIMIT</td><td></td><td style="text-align:right;">\$1,000,000</td></tr> </table>	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER		E.L. EACH ACCIDENT		\$1,000,000	E.L. DISEASE - EA EMPLOYEE		\$1,000,000	E.L. DISEASE - POLICY LIMIT		\$1,000,000
<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER																
E.L. EACH ACCIDENT		\$1,000,000															
E.L. DISEASE - EA EMPLOYEE		\$1,000,000															
E.L. DISEASE - POLICY LIMIT		\$1,000,000															

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
***EXCEPT 10 DAYS WRITTEN NOTICE OF CANCELLATION FOR NON-PAYMENT OF PREMIUM**

<p>CERTIFICATE HOLDER</p> <p style="text-align:center; font-size: 24px;">SAMPLE</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30*</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</p> <p>AUTHORIZED REPRESENTATIVE </p>
--	--

Insurance Questionnaire

D. Automobile Liability

Insurance Carrier:

1.	Policy Form	Policy Number		Policy Period	
			From	To	
			Current		Max Obtainable
2.	Combined Single Limit		\$		\$
3.	Bodily Injury (per person)		\$		\$
4.	Bodily Injury (per accident)		\$		\$
5.	Property Damage		\$		\$

E. Professional Liability Insurance

Insurance Carrier:

1.	Policy Form	Policy Number		Policy Period	
			From	To	
2.	Office Policy Limit:		\$		Deductible: \$
3.	Project Specific Limit available:		\$		Extended Reporting Period (tail) _____ yrs.
					Prior Acts: Yes _____ No _____

F. Submit Rate Pages for Worker's compensation, Commercial General Liability and Umbrella Insurance for current policy year.