

RENEWAL APPLICATION

PLEASE COMPLETE, SIGN AND RETURN AS SOON AS POSSIBLE

NAME APPLICANT FIRM					
IF YES TO ANY QUESTION PLEASE EXPLAIN BELOW.				YES	NO
1 HAVE THERE BEEN ANY CHANGES IN THE APPLICANT FIRM NAME, ADDRESS OR BUILDING OWNERSHIP?					
2 HAS THE APPLICANT FIRM MERGED WITH, PURCHASED OR OPENED A NEW FIRM?					
3 HAVE THERE BEEN ANY CHANGES IN THE TYPE OF WORK OR OPERATIONS?					
4 HAVE THERE BEEN ANY CHANGES IN THE USE OF, OR CONTRACTS WITH, SUB-CONTRACTORS?					
5 HAVE YOU CEASED TO BE A MEMBER OF THE HRAC?					
6 DO YOU WISH TO MAKE OR DISCUSS ANY CHANGES IN THE AMOUNT OR TYPE OF COVERAGES?					
7 HAS THE TOTAL VALUE(IF OVER \$3,000) OF TOOLS AND/OR CONTRACTOR'S EQUIPMENT(IF TOTAL OVER \$3,000) CHANGED? IF YES TO EITHER, PLEASE COMPLETE AN ATTACHED SCHEDULE.					
Remarks					
REVENUE ACTUAL, ALL SOURCES ENDING LAST YEAR END				\$	
ACTUAL WORK PERFORMED IN		URBAN AREAS %		RURAL AREAS %	
REVENUE ESTIMATED NEXT 12 MONTHS, ALL SOURCES ENDING DEC. 31, 2000				\$	
ESTIMATED PERCENTAGE OF RESIDENTIAL WORK NEXT 12 MONTHS RESIDENTIAL INCLUDES WORK ON NEW RESIDENTIAL DEVELOPMENTS.				%	
TRADE	ACTUAL REVENUE LAST YEAR END %	ESTIMATED REVENUE NEXT 12 MONTHS ENDING DEC. 31, 2000 %	ESTIMATED SUB-LET COST YOU WILL PAY OUT NEXT 12 MONTHS %	ESTIMATED RESIDENTIAL NEXT 12 MONTHS %	
HEATING					
REFRIGERATION					
AIR CONDITIONING					
PLUMBING					
VENTILATION					
OTHER 1 DESCRIBE					
TOTAL	100 %	100 %	N/A	N/A	
SIGNATURE		PLEASE PRINT NAME		POSITION	
				DATE	

PLEASE FAX TO JOE CAPOGNA ADRIATIC INSURANCE BROKERS AND MAIL THE ORIGINAL TO ADRIATIC AT 10 DIRECTOR CT. # 100 WOODBRIDGE, ONTARIO L4L 7E8. PLEASE TELEPHONE IF YOU HAVE ANY QUESTIONS. TELEPHONE 1 (800)267 - 7636 FAX (905) 851 9115