



SUPPLEMENTAL APPLICATION FOR PROBLEM DRYWALL

APPLICANT'S INSTRUCTIONS:

1. Answer all questions. If the answer to any question is NONE, please state "NONE."
2. Application must be signed and dated by owner, partner or officer.
3. PLEASE READ CAREFULLY THE STATEMENTS AT THE END OF THIS APPLICATION.

(PLEASE TYPE OR PRINT IN INK)			
1. APPLICANT			
Full Name			
Address			
City		State	Zip Code
Corporation	Proprietorship	LLC	Other
Years in business under the present name:			
S.I.C. code:			
2. List all states where you have completed work involving drywall?			
3. Do you have any current or future work in any of the following states?			
Texas	Mississippi	Louisiana	Florida Georgia Alabama
4. Please identify your % of sales for each type of work:			
Type of Work	% of Sales	Type of Work	% of Sales
General Contracting		Remodeling	
Disaster Restoration		New Construction	
Other(describe):			
TOTAL % SALES:			
5. Have you installed or removed any problem (aka Chinese) drywall on your jobs? <input type="checkbox"/> YES <input type="checkbox"/> NO			
If YES , approximately how many homes/buildings are included and how long are you keeping these project records?			

6.	Do all of the building material suppliers provide a guarantee that the drywall you purchased was manufactured in the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
7.	How long do you keep inventory records of drywall purchases?	
8.	Did any of your subcontractors use problem drywall in your projects?	<input type="checkbox"/> YES <input type="checkbox"/> NO
9.	Do you require U.S. made building materials or specific exclusion of problem drywall in your contracts with sub-contractors or building specifications?	<input type="checkbox"/> YES <input type="checkbox"/> NO
10.	Do you have an existing inventory of problem drywall?	<input type="checkbox"/> YES <input type="checkbox"/> NO
11.	What are you plans for dispensing the inventory?	
12.	Do you use any dust containment practices when removing drywall? If yes, explain.	<input type="checkbox"/> YES <input type="checkbox"/> NO

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of the application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. Signing of this application does not bind the applicant to the insurer to complete the insurance.

NOTICE TO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.

Signature: _____ **Print Name:** _____

Title: _____

Date: _____