

13) PLEASE ATTACH A COPY OF THE LATEST WORKERS COMPENSATION AUDIT.

14) PLEASE ATTACH A COPY OF A CURRENTLY "EXECUTED" SUBCONTRACTOR AGREEMENT.

The applicant agrees, represents and warrants that the statements and information contained in this application for insurance, including all statements, information and documents accompanying or relating to this application are accurate and complete and no facts have been suppressed, omitted or misstated. Failure to fully disclose the information requested in this application for insurance, whether by omission or suppression, or any misrepresentation in the statements, information and documents accompanying or relating to this application, renders coverage for an claim(s) null and void and entitles us to rescind the policy from its inception.

Signature of Applicant: _____ Date: _____

Title of Signer: _____

Agency: _____

* Signing this application does not bind the applicant or the company to complete this insurance.