WESTERN NATIONAL MUTUAL INSURANCE COMPANY ("WNMIC") Homeowner Claimant Questionnaire – Bond

Your return of a completed claims questionnaire is an extremely important part of WNMIC's claims investigation process. Your prompt completion of this document, and its return to WNMIC will directly impact WNMIC's ability to make a speedy determination regarding your claim.

Please answer the following questions and attach copies of pertinent and/or requested documents. If you need additional space, please continue on a separate page.

	I. Preliminary Facts
Claimant:	
Address:	
Phone No.:	
Fax No.:	
E-mail: _	
Contractor ("Princi	pal"):
Name:	
Address:	
-	
Phone No:	
Related firms:	
Project:	
-	neral description of the construction project
	or diagram of the project, please attach hereto.)
Please check one of	the following:

Please check one of the following:

____ The work involved improvements on my primary family residence

The work involved improvements on my vacation home

The work involved improvements on rental property that I own

____ The work involved improvements on a new home I am building for myself

____ Other (please explain):

II. Your Contract

Written Contracts. If there is some form of written contract between you and the contractor, please attach a legible copy, together with copies of any agreed or disputed change orders.

Please attach a copy of the written contract and check the following box:

_____ Attached is a copy of the contract

Oral Contracts. If your contract is not in writing, or is partly written and partly oral, please state the complete terms of the oral agreement, including specifically a description of the work and the terms of payment.

(Please continue on an attached piece of paper if more space is necessary.)

ALL Contracts:

Please answer all of the questions which follow:

How did you meet this contractor?

Have you known or worked with this contractor previously?

On what date was the contract signed?	, 20
On what date did the work actually begin?	, 20
On what date did the work stop?	, 20
What do you consider to be your date of loss?	, 20

Describe the work, if any, that was completed and state the date(s) of completion. (If you have personal notes, diary or other summary of events, please attach a copy).

List any changes, deletions or extras to the original contract and indicate whether these are agreed or disputed.

III. Payments
What was the agreed contract amount?
How much did you pay to the contractor? \$
If you departed from the original payments schedule for any reason, please explain the reason(s):
List the date, amount, and purpose of all payments made to the contractor.
Please attach copies of cancelled checks (front and back, if available) or any other evidence of payment. Please check the following box after attaching the checks:
Copies of cancelled checks are attached
IV. Breach Of Contract
If you contend that the contractor did substandard work, or departed from the plans and

specifications, please explain in detail below.

Please identify all persons (i.e., independent contractors or "industry experts" designated by the Arizona Registrar of Contractors) who have inspected the work and commented on the quality.

Abandonment

If you contend that the contractor abandoned the project without any legal excuse, please state the date of abandonment and explain the circumstances surrounding the abandonment.

Other Breaches

Describe, in detail, all other facts (either acts or omissions) which you believe constitute a breach of the contract.

State the names, addresses and telephone numbers of witnesses who will support your contentions.

Damages

State the full dollar amount of your claim: \$_____

Please explain in detail how your claim amount was calculated.

V. Third Party Contractors

Have you had a third-party contractor inspect the work?

Please provide the third-party contractor's license number. #_____

Did the third-party contractor provide you with a bid?

What is the second contractor's estimated cost to complete the project?

\$_____

Did the third-party contractor actually repair the project?

Please attach a copy of the third-party contractor's bid, and any documentation provided by the third-party contractor to you. Then please check the following box.

_____ Attached is the bid from the third-party contractor, and all other documentation provided by the third-party contractor to me.

VI. Informal Dispute Resolution

Describe all efforts you have made to resolve the contract dispute directly with the contractor.

Have you presented a claim to your own insurance carrier or to other sureties?

If so, please attach copies of all correspondence with the insurance carrier or sureties. Then please check the following box.

_____ Attached are copies of all correspondence with the insurance carrier and/or other sureties

Have you submitted a complaint to the Nevada Contractors Board (NV CB)?

(This is not a condition to filing a bond claim, but sometimes the NV CB may offer assistance in resolving disputes.)

If you have submitted a complaint to the NV CB, please attach a copy of the completed Complaint Form, as well as any Industry Expert Reports, Citations or Accusations resulting from your Complaint. Then please check the following box.

> Attached is the completed Complaint Form as well as any Industry Expert Reports, Citations or Accusations resulting from my Complaint Page 5 of 8

What is the status of any investigation being conducted by the NV CB?

Did the contractor offer to compromise, mediate, or arbitrate your dispute?

If the answer to the preceding question is yes, please state your response.

If you are now willing to compromise, mediate, or arbitrate, please so indicate.

If you are now willing to compromise, mediate, or arbitrate, what would be your goal?

VII. Litigation

Have you instituted any legal action against the contractor?

Are you represented by an attorney in connection with any legal action against the contractor? If so, please identify your attorney, and his/her contact information.

If you have instituted legal action against the contractor, please attach copies of all papers filed in the legal action, including any judgment. Then please check the box below.

_____ Attached are copies of all papers filed in the legal action, including any judgment.

DO NOT attach attorney-client privileged documentation or attorney work product documentation.

State whether you have been named as a party in any litigation relating to this claims, such as mechanic's lien foreclosure actions.

VIII. Document Check List

The following checklist should be helpful to you in gathering the documentation required to investigate your claim. (It is not necessary to re-submit items previously sent. It is very important, however, to submit all documents in your possession or available to you). Please check the items you are enclosing with the Claims Questionnaire.

Your Contract with the contractor, including any disputed or agreed Change Orders.
All of your correspondence and records of communications with the contractor.
Any personal notes, diaries or summaries.
All preliminary lien notices, mechanic's liens or stop notices filed by any person.
Copies of cancelled checks (front and back) reflecting payments made to the contractor, his vendors or to third persons hired to complete or correct his work.
At least two written line-item estimates from properly-licensed contractors for completion and/or repair. Please make sure that the bid is limited to the same scope of work called for in the original contract.
A detailed evaluation from a properly licensed contractor or consultant indicating whether the work was performed contrary to industry standards, or contrary to plans and/or specifications.
Copies of the Consumer Complaint filed with the NV CB, correspondence, Industry Expert reports, Citations or Accusation issued in connection with the NV CB investigation.
Copies of any other insurance or bond claims relating to the project.
Copies of any bankruptcy notices from the contractor naming you as a creditor.
Copies of any court papers and/or judgments.
Any other documents which you believe are relevant to your claim.

PLEASE NOTE: "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 subjects such person to criminal and civil penalties."

CERTIFICATION

The undersigned represents that he/she has read the entire foregoing Claims Questionnaire, including Document Checklist. The responses to this Questionnaire and attached documents are the basis for a claim for payment of money under the terms and provisions of the Bond and Chapter 624, N.R.S., et seq. The undersigned hereby declares, under penalty of perjury, that the responses are true, complete and correct.

DATED: _____, 20____

(Signature of Claimant/Declarant)