



ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

NAME OF APPLICANT: _____

State/Area of Operations: _____ Website Address: _____

Provide details of all your operations: _____

Other business ventures: _____

1. Applicant Operations:

Number of Owner/Partners _____ Payroll _____ No. of Trade Employees _____

Show by Trade:	Operation is: (% of each)		Type of Work:
Trade: _____ Payroll \$ _____	General Contractor _____ %		Residential/New _____ %
Trade: _____ Payroll \$ _____	Artisan Contractor _____ %		Residential/Remodeling _____ %
Trade: _____ Payroll \$ _____	Subcontractor _____ %		Condos _____ %
	Total	100 %	Commercial _____ %
Uninsured Subcontractors: Cost \$ _____			Industrial _____ %
Other: _____ Payroll \$ _____			Total 100 %
Insured Subcontractors: Cost \$ _____			

2. Receipts/Sales: Current Year _____ Previous Year _____ Two Years Ago _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts—Maximum height _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Indicate percentage of total operations performed by you or subcontractors:

Airports _____%	Demolition _____%	Marinas _____%	Sand/Gravel _____%
Asbestos Removal _____%	Design _____%	Mining _____%	Sand Blasting _____%
Blasting _____%	Drilling _____%	Oil and Gas _____%	Soil Testing _____%
Boilers _____%	Excavating _____%	Pile Driving _____%	Surveying _____%
Bridge Work _____%	Foundations _____%	Prisons _____%	Synthetic Stucco _____%
Conveyers _____%	Grain Elevators _____%	Railroads _____%	Underpinning _____%
Cranes _____%	Hazardous Waste _____%	Roofing _____%	
Other _____			

7. List the subcontracted trades used and the percentage of total operations:

Carpentry _____%	_____ / _____%	_____ / _____%	_____ / _____%
Plumbing _____%	_____ / _____%	_____ / _____%	_____ / _____%
Electrical _____%	_____ / _____%	_____ / _____%	_____ / _____%
Heating/Air _____%	_____ / _____%	_____ / _____%	_____ / _____%

8. Liability Controls:

- a. Do you use a written contract with customers? Yes No
If no, explain when not required. _____
- b. Do you use a written contract with subcontractors? Yes No
If no, explain when not required. _____
- c. Do your contracts contain a hold harmless agreement in your favor?..... Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum Limits Required. _____
- e. Are you added as additional insured on the subcontractors' liability policies?..... Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Do you provide architectural or engineering design services? Yes No
If yes, explain _____
Do you carry Errors & Omissions coverage for these services? Yes No
- h. Have you been involved in any claims involving construction defect?..... Yes No
If yes, explain _____

9. Artisan Contractors Program Rating Worksheet

Classification	Class Code	Rate	Increased Aggregate Limit	Debit/Credit	Final Rate	Exposure	Premium
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
Number of Additional Insureds						Flat Charge	Premium
Additional Insured	49950						

Total Premium Subject to M.P. \$ _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

NAME AND TITLE _____

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER _____
(Applicable to Florida Agents Only)

Name and Phone Number of person to contact for inspection and/or premium audit purposes _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS – IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE



Commercial Package Application

Applicant's Name: _____

 Mailing Address: _____

Agent Name: _____
 Address: _____

PROPOSED EFFECTIVE/EXPIRATION DATES:

From _____ To _____
 12:01 A.M., Standard Time, at the address of the Applicant

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE."

1. **Applicant is:** Individual Corporation Partnership Joint Venture Other (Specify): _____
2. **Number of years in business:** _____
3. **Describe all business operations conducted by applicant:** _____

PROPERTY SECTION

4. Premises information:

Loc. No.	Street, City, County, State, Zip Code					Interest	Part Occupied
Premises No.	Exposure	Amount Requested	Coins. %	ACV/Repl. Cost	Cause of Loss	Deductible	Special Conditions
	Building	\$				\$	
	Contents	\$				\$	
	Business Interruption	\$				\$	
	Other	\$				\$	
Bldg. No.	Mortgagee or loss payee:						
	Additional coverages, restrictions and endorsement information:			Other carriers participating on risk:			
			1. _____ %				
			2. _____ %				

- **Construction type:** _____
- **Protection class:** _____
- **Number of stories:** _____
- **Total square foot area:** _____
- **Total number of units:** _____
- **Sprinklered?** Yes No
- **Operable smoke detectors?** Yes No
- **Year built:** _____

- **Building remodeling (include year):**
- Wiring? Yes No Year: _____
- Heating? Yes No Year: _____
- Plumbing? Yes No Year: _____
- Roof? Yes No Year: _____
- **Burglar alarm type:** Local Central Station
- **Fire alarm type:** Local Central Station

GENERAL LIABILITY SECTION

5.

Limits of Liability Requested		Premiums
General Aggregate	\$	Premises/Operations \$
Products & Completed Operations Aggregate	\$	
Personal & Advertising Injury	\$	Products/Completed Operations \$
Each Occurrence	\$	
Fire Damage (any one fire)	\$	Other \$
Medical Expenses (any one person)	\$	
Other Coverages, Restrictions and/or Endorsements	\$	Total
Deductible	\$	\$

Schedule of Hazards

Loc. No.	Classification	Class. Code	Premium Bases: (s) Gross Sales; (p) Payroll; (a) Area; (c) Total Cost; (t) Others	Terr.	Rate		Premium	
					Prem./Ops.	Products/Comp. Ops.	Prem./Ops.	Products/Comp. Ops.

6. Previous carrier and loss information (last three years):

Check if no losses last three years

Year	Company	Policy No.	Premium	Date of Loss	Losses Paid/Reserved	Description of Loss
Any other insurance with this company or being submitted? (Please list name[s] and/or policy number[s]):				Any policy or coverage declined, cancelled or non-renewed during the prior three years? Why? (Not Applicable in Missouri)		

This application does not bind YOU nor US to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

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FRAUD WARNING:

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APPLICANT'S SIGNATURE: _____ Date _____

PRODUCER'S SIGNATURE: _____ Date _____

Agent Name: _____ Agent License Number: _____

(Applicable to Florida Agents only.)

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