

ARTISAN CONTRACTORS APPLICATION

Applicant's Name and Mailing Address: _____ Agent: _____
 (if more than one entity attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

 _____ Inspection / Audit Contact: _____

Location Address: _____ Inspection / Audit Phone: _____
 (if more than one location attach separate sheet)

 Web Address: _____

Proposed Policy Period: From _____ to _____
 Insured is: Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION:

Number of years in business _____
 If new business or less than 3 years experience describe prior experience in this field: _____

Are you licensed? Yes No Your contractors' license number: _____ Types of Licenses held _____

GENERAL LIABILITY INFORMATION:

Applicant is (Percentage of Each)
 General Contractor _____ % Real Estate Developer _____ % Subcontractor _____ %

Type of Work Performed (Percentage of Each):
 New Construction _____ % Remodeling/Additions _____ % Repair/Service Work _____ %
 Roofing _____ % Type of Roofing? _____

Owner/Partner Payroll _____ Subcontractor Cost _____ Uninsured Subcontractor Payroll _____
 Number of Employees _____ Employee Payroll _____ Leased Employees Payroll _____
 Total Sales _____

Provide a complete description of all work performed _____

What type of work is subcontracted?

Type	%	Type	%	Type	%

Explain all "Yes" responses

Yes No

- Are certificates of insurance obtained prior to subcontractors starting work?
 If no, rate as primary class of work subcontractor is performing.
- Are you named as additional insured on the subcontractor's policy?
 It is preferred that you be named as an additional insured.
- Do you carry workers compensation insurance?
- Do you have Mobile Equipment that travels over public roads?
- Do you lease mobile equipment from others?
 If yes, are certificates of insurance required when leased with operator?.....
 Describe the type or equipment leased: _____
- Do you perform any out of state work?
 If yes, in what states and provide details of work performed: _____
 Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA?
- What is the maximum height you will perform work? _____ (# of stories)
- Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)?
- Have you operated under any other name(s)?
 If yes, list name, address, years in operation and exposures _____
- Are you involved in any operations outside of the construction industry?
 Describe: _____
- Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims?
 Describe: _____
- Do you lease employees to or from other employers?
- Do you have a labor interchange with any other business or subsidiaries?
- Any structural alterations contemplated?

List five (5) of your largest jobs in the last five (5) years:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

LIMITS – GENERAL LIABILITY (OCCURENCE FORM):

- General Aggregate \$ _____
- Products & Completed Operations Aggregate \$ _____
- Personal & Advertising Injury \$ _____
- Each Occurrence \$ _____
- Damage to Premises Rented to You \$ _____
- Medical Expense (any one person) \$ _____

