ARTISAN TRADE CONTRACTORS SUPPLEMENTAL APPLICATION

*To be able to save this form after the fields are filled in, you will need to have Adobe Reader 9 or later. If you do not have version 9 or later, please download the free tool at: http://get.adobe.com/reader/.

Instructions: All questions must be answered. This application must be signed and dated by an owner, officer or partner. Please read carefully the statements at the end of this application.

Section I – Applicant Information

Name of Applicant: _____

Address: _____ City: _____ State: _____ Zip Code: _____

P.O. Box: _____ City: _____ State: _____ Zip Code: _____

Telephone: _____ Website: _____

State(s) / Area of Operation: _____ Licensed for Business in State(s): _____

Years in Business: _____ Contractor License #: _____

Industry Experience: _____

Description of Operations: _____

Section II – Eligibility Criteria

1. The owner has been in business for the past three (3) years ☐ True ☐ False
2. The applicant has never and will not during our policy term be involved in projects (in any capacity) for the construction of new condominiums, town homes or tract housing developments in the states of AZ, CA, HI, NM, NV, OR and WA ☐ True ☐ False
3. For applicants located in Connecticut, New Jersey or New York, no work is performed in the following boroughs of New York: Bronx, Brooklyn, Manhattan, Staten Island or Queens ☐ True ☐ False
4. The applicant has no past, present or future operations in the state of Colorado ☐ True ☐ False
5. The applicant's cost of subcontractors does not exceed 25% of gross receipts ☐ True ☐ False
6. No past, pending or planned bankruptcy or judgments for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five (5) years ☐ True ☐ False
7. The applicant does not use casual laborers ☐ True ☐ False
8. The applicant does not perform any:
   - a. Exterior operations in excess of five (5) stories or 50 feet from ground level ☐ True ☐ False
   - b. Rigging work or use of cranes ☐ True ☐ False
   - c. Building on hillsides, hilltops, landfill or other subsidence areas ☐ True ☐ False
   - d. Blasting operations or any other hazardous work activity ☐ True ☐ False
   - e. Installation of overhead garage doors ☐ True ☐ False
   - f. Alarm monitoring or security system installation, service, maintenance or repair work ☐ True ☐ False
   - g. Ice or snow treatment/removal services ☐ True ☐ False
   - h. Fire, water, soot, mold, asbestos or any other type of property damage remediation ☐ True ☐ False
   - i. Fire suppression or sprinkler work ☐ True ☐ False
   - j. Work involving medical facilities (other than doctor's office), surgical facilities, nursing homes or assisted living facilities during applicant's time in business or planned for our policy term ☐ True ☐ False
   - k. Boiler system installation, service or repair ☐ True ☐ False
   - l. Work on foundations or chimneys ☐ True ☐ False
   - m. Waterproofing operations ☐ True ☐ False
   - n. Mold and/or spore treatment remediation ☐ True ☐ False
   - o. Demolition work (except incidental non-load-bearing interior work) ☐ True ☐ False
   - p. Construction project manager or consultant ☐ True ☐ False

Section III – Exposure History

1. Please provide historical receipts, payroll and cost of subcontracted work.

Year	Annual Gross Receipts	Employee Payroll	Subcontractor Costs
5th Prior Year	$	$	$
4th Prior Year	$	$	$
3rd Prior Year	$	$	$
2nd Prior Year	$	$	$
Current Year	$	$	$
Projected Next 12 months	$	$	$

Section IV – Type of Work Performed

1. Please indicate your percentage of work that is: (Total should equal 100%.)

a. New Construction _____ % + Remodeling _____ % + Repair _____ % = 100%

b. Commercial _____ % + Industrial _____ % + Residential _____ % = 100%

c. New Homes _____ % + Apartments _____ % + Condos / Townhouses _____ % = 100%

d. Interior Work _____ % + Exterior Work _____ % + Demolition _____ % = 100%

e. Rural _____ % + Suburban _____ % + Urban _____ % = 100%

Section V – Description of Operations

1. Please provide the payroll (including casual labor) for each trade performed by the applicant.

Classification	Payroll
Air Conditioning Systems	$
Airport Work	$
Appliances and Accessories installation	$
Appliances and Accessories installation	$
Carpentry – Commercial	$
Carpentry – Interior	$
Carpentry – Residential < 4 stories	$
Carpentry – Shop Only	$
Carpet, Rug, Furniture Cleaning	$
Ceiling or Wall Installation – Metal	$
Communication Equipment Installation	$
Concrete Construction	$
Door/Window Installation	$
Driveway/Parking/Sidewalk Paving	$
Drywall or Wallboard Installation	$
Electrical Apparatus Installation	$
Electrical Contractors	$
Electrical Work – Within Buildings	$
Fence Erection Contractors	$
Floor Covering – Not Ceramic/Stone	$
Furniture or Fixtures Installation	$
House Furnishings Installation	$
HVAC – No LPG	$
Insulation Work – Mineral	$
Interior Decorators	$

Classification	Payroll
Landscape Gardening	$
Lawn Care Services	$
Metal Erection – Decorative or Artistic	$
Masonry	$
Office Machines or Appliances	$
Painting – Exterior	$
Painting – Interior	$
Painting – Shop Only	$
Paperhanging	$
Plumbing – Commercial/Industrial	$
Plumbing – Residential	$
Refrigeration Systems – Commercial	$
Septic Tank Systems – Cleaning	$
Septic Tank – Installation/Servicing	$
Siding Installation	$
Sign Painting – Inside Buildings	$
Sign Painting – On Buildings	$
Swimming Pool Servicing	$
Tile/Stone/Marble Work	$
Tree Pruning	$
Upholstering	$
Upholstering – Shop Only	$
Window Cleaning	$
Other: _____	$
Other: _____	$

Section V – Description of Operations (continued)

2. Any operations in any classes other than those listed above? ☐ Yes ☐ No

If YES, provide details and payroll:

Section VI – Liability Controls / Risk Transfer

1. Does applicant use a written contact with customers? ☐ Yes ☐ No

If NO, explain when not required:

2. Do you have Workers' Compensation coverage in force? ☐ Yes ☐ No
3. Does applicant subcontract work? If YES, please complete the following: ☐ Yes ☐ No
   a. Does the applicant use a written contract with subcontractors? ☐ Yes ☐ No
   b. Does the written contract require all subcontractors to defend, indemnify and hold you harmless from their activities? ☐ Yes ☐ No
   c. Annual subcontracted costs: $ _____
   d. Type of work subcontracted: _____
   e. Are Certificates of Insurance required from all subcontractors? ☐ Yes ☐ No

      If YES, how long are they retained after a job? _____
   f. Do you require subcontractors to name you as additional insured for both ongoing and completed operations? ☐ Yes ☐ No
   g. Are subcontractors required to carry primary limits equal to or greater than the limits you carry? ☐ Yes ☐ No
4. Does the applicant have a formal safety program in place? ☐ Yes ☐ No
5. Are all jobs inspected by management at completion before leaving the jobsite? ☐ Yes ☐ No

Section VII – Past Projects

1. Describe the five (5) largest jobs undertaken in the past 3 years:

Description	Location (City, State)	Cost	Duration
		$	
		$	
		$	
		$	
		$	

Section VIII – Current or Planned Projects

1. Describe five (5) current or planned projects:

Description	Location (City, State)	Cost	Duration
		$	
		$	
		$	
		$	
		$	

Section IX – Loss / Claim History

1. Does the applicant have any knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against any named in the application? ☐ Yes ☐ No

   If YES, please describe:

2. Are there any claims or legal actions pending against any active, inactive or dissolved entities in which you have had a controlling interest? ☐ Yes ☐ No

   If YES, please describe:

3. Has the applicant ever been accused of breaching a contract in the past five (5) years? ☐ Yes ☐ No

   If YES, please describe:

4. Has the applicant been fired or replaced on a job in progress in the past three (3) years? ☐ Yes ☐ No

   If YES, please describe:

5. Has the applicant ever been named in litigation regarding faulty construction in the past eight (8) years? ☐ Yes ☐ No

   If YES, please describe:

6. Has the applicant ever had a lapse in GL coverage? ☐ Yes ☐ No

   If YES, please describe:

Fraud Warning

Any person who, with intent to defraud or knowing that (s)he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

ALABAMA, ARKANSAS, LOUISIANA, MARYLAND, NEW JERSEY, NEW MEXICO and VIRGINIA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an Application for insurance is guilty of a crime. In Alabama, Arkansas, Louisiana and Maryland, that person may be subject to fines, imprisonment or both. In New Mexico, that person may be subject to civil fines and criminal penalties. In Virginia, penalties may include imprisonment, fines & denial of insurance benefits.

COLORADO: It is unlawful to knowingly provide false, incomplete or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA, KENTUCKY and PENNSYLVANIA: 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 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. In District of Columbia, penalties include imprisonment and/or fines. In addition, the Insurer may deny insurance benefits if the Applicant provides false information materially related to a claim. In Pennsylvania, the person may also be subject to criminal and civil penalties.

FLORIDA and OKLAHOMA: Any person who knowingly and with intent to injure, defraud or deceive the Insurer, files a statement of claim or an Application containing any false, incomplete or misleading information is guilty of a felony. In Florida it is a felony to the third degree.

KANSAS: An act committed by any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an Insurer, purported Insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for personal or commercial insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto is considered a crime.

MAINE: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits.

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

OHIO: Any person who, with intent to defraud or knowing that he is facilitating a fraud against the Insurer, submits an Application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OREGON: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

TENNESSEE and WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines and/or denial of insurance benefits.

Representation Statement

I hereby apply for a policy of insurance as set forth in the application and I declare that all information contained in this application is correct and complete to the best of my knowledge and belief. I understand that any policy which may be issued by the company will be issued on the basis of and reliance upon my statements in this application. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the company.

The signing of this application does not bind the undersigned to purchase the insurance and accepting this application does not bind the Insurer to complete the insurance or to issue any particular policy. If a policy is issued, it is understood and agreed that the Insurer relied upon this application in issuing each such policy and any endorsements thereto. The undersigned further agrees that if the statements in this application change before the effective date of any proposed policy, which would render this application inaccurate or incomplete, notice of such change, will be reported in writing to the Insurer immediately.

The Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

Applicant:

Print Name: _____ Signature: _____

Title: _____ Date: _____

I hereby declare that all the information contained in this application is correct and complete to the best of my knowledge and belief, that the application was complete and personally signed by the applicant and that a completed copy hereto has been given to the applicant.

Name of Producing Agency: _____

Signature of Producing Agent: _____ Date: _____

SIGNING THIS APPLICATION DOES NOT BIND THE APPLICANT OR THE COMPANY