

# ARTISAN CONTRACTOR GENERAL LIABILITY APPLICATION

Applicants Name \_\_\_\_\_ Agency Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Location \_\_\_\_\_ Fax Number \_\_\_\_\_

If Location is same as Mailing address, check here

Location County \_\_\_\_\_ Proposed Effective Date: From \_\_\_\_\_ to \_\_\_\_\_

Applicants Phone Number \_\_\_\_\_

<u>LIMITS OF LIABILITY REQUESTED</u>		<u>PREMIUMS</u>
General Aggregate	\$ _____	Premises/Operations \$ _____
Products/Completed Ops Aggregate	\$ _____	Products/Completed Ops \$ _____
Personal & Advertising Liability	\$ _____	Other \$ _____
Each Occurrence	\$ _____	Policy Fee \$ _____
Fire Damage (any one fire)	\$ _____	Premium Tax \$ _____
Medical Expense (any one person)	\$ _____	Total \$ _____
Other Coverages, Restrictions, Endorsements		
<input type="checkbox"/> BI <input type="checkbox"/> PD Deductible	\$ _____	

Please answer all questions. If they do not apply, indicate N/A for "Not Applicable."

1. Describe all business operations conducted by the applicant in detail: \_\_\_\_\_

2. Additional Location (s) \_\_\_\_\_

3. Applicant is:  Individual  Corporation  Partnership (Need all Names)  Joint Venture  LLC  
Other (please specify) / Names of all Partners, etc.): \_\_\_\_\_

4. Management: Number of years in operation: \_\_\_\_\_ If a New Venture or No Prior Coverage, check here:

If new operation, new venture, or no prior coverage, number of years of related experience: \_\_\_\_\_

5. Employees: NO. APPLICANTS, OWNERS, OFFICERS OR PARTNERS \_\_\_\_\_ PAYROLL \_\_\_\_\_

NO. ALL OTHER EMPLOYEES \_\_\_\_\_ PAYROLL \_\_\_\_\_

### SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION DESCRIPTION	CLASS CODE	TOTAL PREMIUM BASIS

- (p) PAYROLL
- (s) GROSS SALES
- (a) AREA / SQ. FT.
- (c) TOTAL COST
- (u) EACH / per each
- (t) OTHER / per unit

## PRIOR CARRIER INFORMATION

Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_ Year \_\_\_\_\_

Carrier			
Policy Number			
Premium			

6. Any losses in the last three years? \_\_\_\_\_ If yes, describe fully: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Any additional insureds?  Yes  No If yes, name(s) and their interest: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Any waiver of subrogation requirements?  Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

### GENERAL INFORMATION

(Explain all "Yes" responses below.)

	YES	NO		YES	NO
1. Exposure to flammables, explosives, chemicals, pesticides or herbicides?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any operations sold, acquired, or discontinued in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is applicant a subsidiary of another entity or does applicant have subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does insured subcontract any work? If yes, what percentage? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? (c.g. landfills, waste, fuel tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	13a. Are certificates of insurance required of all subcontractors? If yes, are limits of insurance the same as ours? If not applicable, check here: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any watercraft, docks, floats owned, hired or leased by the insured?	<input type="checkbox"/>	<input type="checkbox"/>	14. Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any work over 3 stories or use of cranes or booms?	<input type="checkbox"/>	<input type="checkbox"/>	15. Does applicant manufacture any products?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any demolition, blasting or tunneling work?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any commercial floor waxing?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any structural alterations?	<input type="checkbox"/>	<input type="checkbox"/>	17. Any use of waterproofing or pressure equipment over 3,000 PSI?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any machinery/equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	18. Any policy or coverage declined, canceled, or non-renewed during the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any salca, servicing of alarm or fire systems?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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

NOTICE: BY SIGNING THIS APPLICATION, I AM ATTESTING TO THE ACCURACY OF INFORMATION PROVIDED BY THE APPLICANT. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING AND WOULD ALTER THE COMPANY'S DECISION TO PROVIDE THE INSURANCE COVERAGE APPLIED FOR, IT IS AGREED BETWEEN THE COMPANY AND APPLICANT, THAT COVERAGE IF UNDER BINDER OR POLICY IS SUBJECT TO IMMEDIATE CANCELLATION.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Producer's Signature \_\_\_\_\_ Date \_\_\_\_\_

# ARTISAN CONTRACTOR SUPPLEMENTAL QUESTIONNAIRE

## GENERAL INFORMATION:

1. Applicant (please list all owners): \_\_\_\_\_  
\_\_\_\_\_ DBA \_\_\_\_\_
2. Describe business/operations: \_\_\_\_\_
3. Contractors license number: \_\_\_\_\_
4. Have you ever had insurance cancelled, declined, or renewal refused?  
\_\_\_\_ Yes \_\_\_\_ No If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Number of years related experience? \_\_\_\_\_
6. Do you subcontract any work? \_\_\_\_ Yes \_\_\_\_ No If yes, percentage \_\_\_\_  
Subcontracted costs \_\_\_\_\_ Annual gross receipts \_\_\_\_\_
7. Have you had any losses in the last 3 years? \_\_\_\_ Yes \_\_\_\_ No If yes, describe  
fully: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. Have you had more than one construction defect claim (open or closed)?  
\_\_\_\_ Yes \_\_\_\_ No
9. Do you remove asbestos insulation or asbestos containing material, fungus, mold  
or install insulation materials other than fiberglass or rock wool? \_\_\_\_ Yes \_\_\_\_ No
10. Do you sell, install, service, or repair alarm systems, automatic fire extinguishing  
systems, boilers, elevators, escalators, surveillance systems, or TV monitoring  
systems, either commercial or residential? \_\_\_\_ Yes \_\_\_\_ No
11. Do you perform or sublet any demolition or blasting operations? \_\_\_\_ Yes \_\_\_\_ No
12. Do you sell, install, service, or repair wood, coal or waste oil burning stoves?  
\_\_\_\_ Yes \_\_\_\_ No

- 13. Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property?  Yes  No
- 14. Do you perform work for petroleum, industrial or chemical facilities?  
 Yes  No
- 15. Do you do any fiber optic cable work or installation?  Yes  No
- 16. Do you do any excavation or tunneling?  Yes  No
- 17. Do you do any work over 3 stories?  Yes  No
- 18. Do you do any prefab steel construction?  Yes  No
- 19. Have you been personally bankrupt or have you been the principal in a company that has been bankrupt the past 5 years?  Yes  No
- 20. Do you do any recreational or playground construction?  Yes  No
- 21. Have you or any other officer, owner, or partner been convicted of a felony?  
 Yes  No
- 22. Do you do any restoration work involving smoke, fire, water, or earthquake damage?  Yes  No
- 23. Are you involved in any demolition or abatement work?  Yes  No

\_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant's signature (producer may not sign for applicant)

Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

New Venture Supplement

1 Applicant: \_\_\_\_\_ Owner \_\_\_\_\_

2. Date business established: \_\_\_\_\_

3. Has applicant / owner ever operated business under another name?  Yes  No

4. List all business names that applicant / owner has owned in the past:

\_\_\_\_\_

5. How many years experience in similar business? \_\_\_\_\_

6. Brief summary of experience \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature (Producer may not sign for applicant) Position: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Agency: \_\_\_\_\_

## LOSS STATEMENT

Date: \_\_\_\_\_

From: \_\_\_\_\_  
Applicant's Name

This business has had \_\_\_\_\_ general liability claims, totaling \$\_\_\_\_\_ (paid and reserve) within the past three (3) years. There are \_\_\_\_\_ open claims.

*I understand that my policy, if accepted, is subject to possible cancellation or non-renewal if the company loss runs show a discrepancy from the information stated herein.*

Signed.

\_\_\_\_\_  
Signature of owner or officer of the insured                      Title

\_\_\_\_\_  
Print Name