

Artisan Contractors Application

Applicant's Name: _____ Agent: _____

Applicant Mailing Address: _____ Inspection Contact: _____
 _____ Phone Number for Inspection contact: _____
 _____ Web Address _____

Proposed Policy Period: _____ 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 (Submit) _____ 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 _____
 Roofing _____ Repair/Service Work _____
 Type of Roofing? _____ Open flame processes prohibit.

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

Provide a complete description of all work performed _____

What is the maximum height the Applicant will perform work _____

Any mobile equipment leased? Yes No

If yes are certificates of insurance required when leased with operator? Yes No

Describe the type or equipment leased. _____

List the last 5 jobs performed including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Complete for Subcontracted Work:

What type of work is subcontracted?

Type	%	Type	%	Type	%
_____	____%	_____	____%	_____	____%
_____	____%	_____	____%	_____	____%
_____	____%	_____	____%	_____	____%

Are certificates of insurance obtained prior to subcontractors starting work? Yes No If no, rate as primary class of work subcontractor is performing.

Is applicant named as additional insured on the subcontractors policy? Yes No It is preferred that applicant be named as an additional insured.

Does applicant carry workers compensation insurance? Yes No

LIMITS – GENERAL LIABILITY:

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: _____

PERSONAL & ADVERTISING INJURY: _____

EACH OCCURRENCE: _____

FIRE DAMAGE: _____

MEDICAL PAYMENTS: _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:

NAME AND ADDRESS:	INTEREST	ADD'L INS'D.
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

PRIOR EXPERIENCE AND LOSSES

PRIOR CARRIER	LIMITS	POLICY TERM	LOSS INFORMATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain. _____

Does the Applicant perform any work in California now or has the applicant performed any work in California in the past?

Yes No If yes decline.

Does Applicant perform any out of state work? Yes No If yes, in what states and provide details of work performed: _____

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

Witness

Date

Applicant's Signature

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.