ARTISAN CONTRACTOR
GENERAL LIABILITY APPLICATION

Applicants Name _____ Agency Name _____

_____ Address _____

Mailing 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 _____

LIMITS OF LIABILITY REQUESTED		**PREMIUMS**
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		
[ ] BI [ ] 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
1. Exposure to flammables, explosives, chemicals, pesticides or herbicides?	☐	☐
2. Exposure to asbestos?	☐	☐
3. Exposure to radioactive materials?	☐	☐
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? (e.g. landfills, waste, fuel tanks)?	☐	☐
5. Any watercraft, docks, floats owned, hired or leased by the insured?	☐	☐
6. Any work over 3 stories or use of cranes or booms?	☐	☐
7. Any demolition, blasting or tunneling work?	☐	☐
8. Any structural alterations?	☐	☐
9. Any machinery/equipment loaned or rented to others?	☐	☐
10. Any sales, servicing of alarm or fire systems?	☐	☐
11. Any operations sold, acquired, or discontinued in the last five years?	☐	☐
12. Is applicant a subsidiary of another entity or does applicant have subsidiaries?	☐	☐
13. Does insured subcontract any work?	☐	☐
If yes, what percentage? _____		
13a. *Are certificates of insurance required of all* subcontractors?	☐	☐
If yes, are limits of insurance the same as ours?	☐	☐
If not applicable, check here: ☐		
14. Any sporting or social events sponsored?	☐	☐
15. Does applicant manufacture any products?	☐	☐
16. Any commercial floor waxing?	☐	☐
17. Any use of waterproofing or pressure equipment over 3,000 PSI?	☐	☐
18. Any policy or coverage declined, canceled, or non-renewed during the last three years?	☐	☐

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 expierence_____

_____

_____

_____

_____

_____

_____ Position: _____ Date: _____

Applicant's Signature (Producer may not sign for applicant)

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