

ARTISAN CONTRACTORS SUPPLEMENTAL

Applicants Instruction:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Applicant's Name _____ Producer Name _____

Applicant's Address _____

Business Telephone: _____ Phone Number: _____

Contractor's License No. _____ Class: _____ Fax Number: _____

Location of Premises (if different than Mailing): _____

Website Address: _____

Applicant is: Individual: Partnership Corporation Joint Venture

1. Fully describe all operations of the Applicant (ISO Class is insufficient.)

2. Year business started _____

3. What percentage of work performed is (must total 100%):	Residential	_____	%
	Commercial	_____	%
	Industrial	_____	%

4. Has the Applicant ever been involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, town homes, townhouses, or tract housing? Yes No

5. Has the Applicant ever performed work for developers or general contractors involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, town homes, townhouses or tract housing? If "YES", please detail below. Yes No



GENERAL QUESTIONS

- 6. Does the risk perform any burglar alarm or fire alarm installation, service or repair? Yes No
 - 6.1 Does the insured perform any exterior work in excess of three (3) stories? Yes No
 - 6.2 Is there any marine or marina? Yes No
 - 6.3 Does the insured do any work for oil & gas industries? Yes No
 - 6.4 Do you subcontract more than 40% of your work? Yes No
 - 6.5 Do you require certificates of insurance from your sub-contractors? Yes No
 - 6.6 Is the named insured named as an additional insured on the sub-contractors policy? Yes No
- 7. Does the applicant act as a construction manager for individuals or other contractors? Yes No

8. (A) If corporation, how many active owners or officers: _____ (B) Number of employees _____

(C) Names and duties of each owner and officer: _____

9. Please advise gross annual receipts for the prior three (3) years: Current Year \$ _____
 Last Year \$ _____
 Prior Year \$ _____

10. Percent of work subcontracted to others _____% (Please describe work subcontracted)

11. Do you require and collect certificates of insurance from all subcontractors? Yes No

12. What limits of general liability insurance do you require subcontractors to carry? _____

13. Do you require to be named as an additional insured on all certificates on insurance? Yes No

14. Supplemental Contractor Questionnaire

14.1 List all the states that the insured operates in, or has operated in. _____

14.2 Describe the last three (3) largest jobs

Job _____	Type of work _____	Receipts _____
Job _____	Type of work _____	Receipts _____
Job _____	Type of work _____	Receipts _____

14.3 Any high rise work (over 3 stories)? Yes No

If "YES", please advise the maximum number of stories and controls. _____

14.4 Any bridge, airport (i.e. aprons, taxiways, runways), dam or dike work, blasting, demolition, pile driving, tunneling, or work in ships or tankers? Yes No

If "YES", please provide complete details of work.



14.5 Product and Installation Questions

- a) Does the insured install or contract to another entity to install hardboard siding? Yes No
- b) Does the insured install or contract to another entity to install EIFS? Yes No
- c) Has the insured ever installed polybutylene pipe? Yes No
- d) Has the insured ever been involved in any construction defect lawsuits? Yes No

If you answered "YES" to any of the questions above, please provide comments below.

14.6 Work Type Questions

- a) Does the insured do any structural steel or structural concrete work? Yes No
- b) Any gas main work? Yes No
- c) Any boiler work? Yes No
- d) Any burglar or fire alarm system installation or monitoring? Yes No
- e) Any leasing or renting of cranes and/or scaffolding to others? Yes No
If yes, what percentage is leased/rented with operators? Yes No
- f) Any leasing or renting of cranes and/or scaffolding from others? Yes No
If yes, what percentage is leased/rented with operators? Yes No

14.7 General Information

- a) Is there a formal safety program in place? Yes No
- b) Are MVR's checked prior to hire and monitored on a regular basis? Yes No
- c) Are the equipment and vehicles maintained and kept in good condition? Yes No
- d) Is the public kept at a safe distance from insured's operations and work areas? Yes No
- e) Are the premises in good condition and well maintained? Yes No
- f) Does the insured do accident investigations? Yes No
- g) Does the insured have a safety director on staff? Yes No
- h) Does the insured have a certified drug-free workplace? Yes No
- i) Does the insured adhere to all OSHA standards to promote a safe workplace? Yes No
- j) Has the insured ever been cited for safety violations? Yes No

If you answered "YES" to any of the questions above, please provide comments below.

15. Indicate whether you or any of your subcontractors (while working for you) have ever been, are currently, or will ever be involved in any removal or abatement of asbestos, lead, PCP's or other hazardous materials. If "YES", please describe in detail below
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16. Prior Insurance Carriers

Expiring Carrier _____	Policy No. _____	Premium _____
Expiring Carrier _____	Policy No. _____	Premium _____
Expiring Carrier _____	Policy No. _____	Premium _____

17. Was any policy cancelled or non-renewed in the past three (3) years? Yes No
 If "YES", please describe in detail below.

18. Have there been any losses in the past five (5) years? If "YES", please describe in detail below. Yes No
 Include dates, amounts paid or reserves and provide details of losses/claims, project name, date of losses, carrier handling claim, policy number and claim number.

APPLICANT STATEMENT

1. Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief AND
2. Applicant hereby acknowledges that this application including all statements, warranties and representations contained herein will be made a part of and incorporated into any policy issued based on same.

_____ Signature of Applicant	_____ Date
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PRODUCER STATEMENTS

The undersigned Broker/Agent acknowledges that no coverage is afforded under this application until accepted by the company and assumed full responsibility for any earned premium developed hereunder following acceptance by the company.

_____ Signature of Applicant	_____ Date
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