

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date:							
NAME OF APPLICANT:							
State/Area of Operations:	Web site Add	Web site Address:					
Do you have other business	ventures for which c	overage is not requested?			\(\)	es 🗌 No	
If yes, explain and advise w	nere insured:						
1. Applicant Operations:		THEY DO NOT APPLY, INC					
Number of Owner/Partners: Show by Trade:			Operation is: (% of each)				
•		General Contractor	•			%	
	-	Artisan Contractor			-		
	-	Subcontractor			_	%	
	-	Total	100 %	Commercial		<u></u> %	
Uninsured Subcontracto	ors: Cost \$			Industrial		%	
Other:	Payroll \$			Total		100 %	
Insured Subcontractors:	Cost \$						
2. Receipts/Sales: Cur	rent Year:	Previous Year:	Two Years Ago:				
-					_		
	-	ht:					
4. List three current or p	G						
Customer Name and Pr		Co	st of Project	Duration o	f Project		
a.		00	ost of 1 Toject	Duration o	i i ioject		
b.							

Customer Name and Project Description					Cost of	Project Duration of	Proje
b							
C							
d							
e							
-	-	acity of a General Con		-			s 🗌
Indicate percentage of	of tota	al operations performe	ed by	you or subcontractor	s for th	e following:	
Airports	%	Earthquake Retrofit- ting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	
Ammonia Refrigera- tion Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treat- ment or Remediation	%	Sand Blasting	
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	
Boilers	%	Fire Suppression Systems	%	Over the Hole	%	Soil Stabilization	
Bridge Work	%	Framing (Residential)	%	Petrochemical Plants	%	Surveying	
Conveyers	%	Foundations	%	Pile Driving	%	Synthetic Stucco	
Cranes	%	Grain Elevators	%	Prisons	%	Trailer Hitches	
Demolition	%	Hazardous Waste	%	Railroads	%	Underpinning	
Design	%	Home Inspections	%	Refineries	%	Waterproofing	
Drilling	%	LPG	%				
If yes, percentage Any work at landfills? If yes, percentage	of ope	erations:					s [
		des used and the perc	_	-			
Plumhing							
	0/	/	%	/	_%		
Electrical	70						

10. Lia	ability Controls:				
a.	Do you use a written contract with customers?	Yes	☐ No		
	If no, explain when not required:				
b.	Do you use a written contract with subcontractors?	🗌 Yes	☐ No		
	If no, explain when not required:				
C.	Do your contracts contain a hold harmless agreement in your favor?	Yes	☐ No		
d.	Do you obtain certificates of insurance from all subcontractors?	Yes	☐ No		
	If yes, minimum limits required:				
e.	Are you added as an additional insured on the subcontractors' liability policies?	 ∏ Yes	 П No		
f.	Do you have Workers' Compensation coverage in force?				
g.	Do you provide architectural or engineering design services? If yes, explain:	Yes			
	Do you carry Errors & Omissions coverage for these services?	Yes	☐ No		
h.	Are you a contraction/project manager or consultant?	Yes	☐ No		
i.	Have you been involved in any claims involving construction defects? If yes, explain:	Yes	□ No		
suranc	erson who knowingly and with intent to defraud any insurance company or other person files be or statement of claim containing any materially false information or conceals for the purposion concerning any fact material thereto commits a fraudulent insurance act, which is a criment to criminal and civil penalties.	se of mislead	ing, in-		
FRAU	D WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):				
	crime to knowingly provide false, incomplete, or misleading information to an insurance compading the company. Penalties include imprisonment, fines, and denial of insurance benefits.	ny for the purp	pose of		
FRAU	D WARNING APPLICABLE IN THE STATE OF NEW YORK:				
surance format	erson who knowingly and with intent to defraud any insurance company or other person files be or statement of claim containing any materially false information, or conceals for the purposion concerning any fact material thereto, commits a fraudulent insurance act, which is a crimit to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each	se of mislead ne, and shall a	ling, in- also be		
APPLI	CANT'S NAME AND TITLE:				
APPLI	CANT'S SIGNATURE: DATE:	DATE:			
	(Must be signed by active owner, partner or executive officer.)				
PROD	UCER'S SIGNATURE: DATE:				
NAME	AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT:				
	IMPORTANT NOTICE				
As	s part of our underwriting procedure, a routine inquiry may be made to obtain applicable information character, general reputation, personal characteristics and mode of living. Upon written requestions		ng		

information as to the nature and scope of the report, if one is made, will be provided.