

Agency Name:  
 Address:  
 Contact Name:  
 Phone:  
 Fax:  
 Email:

## Artisan Contractors Application

All questions must be answered in full. Application must be signed and dated by the applicant.

APPLICANT'S NAME AND MAILING ADDRESS	AGENT / PRODUCER INFORMATION
_____ _____ _____ <b>BUSINESS NAME OR TRADING NAME:</b> _____ <b>PROPOSED POLICY PERIOD:</b> _____ <b>TO:</b> _____	_____ _____ <b>APPLICANT'S PHONE NUMBER:</b> _____ <b>APPLICANT'S WEB ADDRESS:</b> _____ <b>INSPECTION CONTACT:</b> _____ <b>CONTACT PHONE NUMBER:</b> _____
<b>APPLICANT IS:</b> <input type="checkbox"/> <b>INDIVIDUAL (INCLUDE DATE OF BIRTH):</b> _____ <input type="checkbox"/> <b>PARTNERSHIP (INCLUDE DATES OF BIRTH):</b> _____ <input type="checkbox"/> <b>CORPORATION</b> <input type="checkbox"/> <b>JOINT VENTURE</b> OR <input type="checkbox"/> <b>OTHER</b> _____ Years in business: _____ Years of Experience in this field: _____	

Location #1 \_\_\_\_\_  
 Location #2 \_\_\_\_\_  
 Location #3 \_\_\_\_\_

**GENERAL INFORMATION:**

1. Number of years in business \_\_\_\_\_  
 If new business or less than 3 years experience describe prior experience in this field: \_\_\_\_\_
2. Are you licensed?.....  Yes  No  
 Your contractors' license number: \_\_\_\_\_  
 Types of Licenses held \_\_\_\_\_

**GENERAL LIABILITY INFORMATION**

1. Applicant is (Percentage of Each)  
 General Contractor \_\_\_\_\_ % Real Estate Developer \_\_\_\_\_ % Subcontractor \_\_\_\_\_ %
2. Type of Work Performed (Percentage of Each):  
 Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ % Industrial \_\_\_\_\_ % = 100%  
 New Construction \_\_\_\_\_ % Remodeling/Additions \_\_\_\_\_ % Repair/Service Work \_\_\_\_\_ % = 100%  
 Roofing \_\_\_\_\_ % Type of Roofing? \_\_\_\_\_
3. For the next 12 months, advise:  
 Owner/Partner Payroll \$ \_\_\_\_\_ Subcontractor Cost \$ \_\_\_\_\_ Uninsured Subcontractor Payroll \$ \_\_\_\_\_  
 Number of Employees \_\_\_\_\_ Employee Payroll \$ \_\_\_\_\_ Leased Employees Payroll \$ \_\_\_\_\_
4. Total Sales \$ \_\_\_\_\_
5. Provide a complete description of all work performed \_\_\_\_\_  
 \_\_\_\_\_

6. What type of work is subcontracted?

TYPE	%	TYPE	%	TYPE	%

**UNDERWRITING INFORMATION**

**EXPLAIN ALL "YES" RESPONSES**

- Are certificates of insurance obtained prior to subcontractors starting work? .....  Yes  No  
If no, rate as primary class of work subcontractor is performing.
- Are you named as additional insured on the subcontractor's policy? .....  Yes  No  
It is preferred that you be named as an additional insured.
- Do you carry workers compensation insurance? .....  Yes  No
- Do you have Mobile Equipment that travels over public roads? .....  Yes  No
- Do you lease mobile equipment from others? .....  Yes  No  
If yes, are certificates of insurance required when leased with operator? .....  Yes  No  
Describe the type or equipment leased. \_\_\_\_\_
- Do you perform any out of state work? .....  Yes  No  
If yes, in what states and provide details of work performed? \_\_\_\_\_  
Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? .....  Yes  No  
If yes, please describe. \_\_\_\_\_
- What is the maximum height you will perform work? (# of stories) \_\_\_\_\_
- Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)? .....  Yes  No
- Have you operated under any other name(s)? .....  Yes  No  
If yes, list name, address, years in operation, state of operation and exposures \_\_\_\_\_

NAME	ADDRESS	YEARS IN OPERATION	STATE OF OPERATION	EXPOSURES

- Do you build residential homes? .....  Yes  No  
If yes, how many do you build in a year? \_\_\_\_\_
- Are you involved in any operations outside of the construction industry? .....  Yes  No  
Describe: \_\_\_\_\_
- Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims? .....  Yes  No  
Describe: \_\_\_\_\_
- Do you lease employees to or from other employers? .....  Yes  No
- Do you have a labor interchange with any other business or subsidiaries? .....  Yes  No
- Any structural alterations contemplated? .....  Yes  No
- Are you a subsidiary of another entity or do you have any subsidiaries? .....  Yes  No
- Any exposure to flammables, explosives, chemicals? .....  Yes  No
- Any operations sold, acquired, or discontinued in last 5 years? .....  Yes  No
- Have you been active in or are you currently active in joint ventures? .....  Yes  No

20. Any bankruptcies, tax or credit liens against you in the past 5 years? .....  Yes  No  
 Explain: \_\_\_\_\_

**LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:**

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

**LIMITS – GENERAL LIABILITY (PER OCCURRENCE)**

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ \_\_\_\_\_  
 PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ \_\_\_\_\_  
 PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ \_\_\_\_\_  
 EACH OCCURRENCE \$ \_\_\_\_\_  
 DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ \_\_\_\_\_  
 MEDICAL EXPENSE (ANY ONE PERSON) \$ \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS**

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

**PRIOR CARRIER HISTORY & LOSS INFORMATION**

**PRIOR CARRIERS (LAST THREE YEARS):**

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

**LOSS HISTORY (LAST FIVE YEARS)**

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE


**LOSS HISTORY (Continued)**

Has the applicant been cancelled or non-renewed in the last three years? .....  Yes  No

If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

**PLEASE READ BELOW AND COMPLETE SIGNATURE BLOCK ON LAST PAGE**

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or misstated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

**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.

**FRAUD STATEMENT – FOR THE STATE(S) OF:**

**Alabama, Arkansas, Louisiana, Maryland, Rhode Island, Texas, West Virginia:**

**NOTICE:** Any person who knowingly (For Maryland add: *or willfully*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (For Maryland add: *or willfully*) presents false information in an application for insurance is guilty of a crime and may be subject to (For Alabama add: *restitution*,) fines and confinement in prison (For Alabama add: *or any combination thereof*).

**Alaska**

A person who knowingly and with intent to injure, defraud, or deceive an insurance company files a claim containing false, incomplete, or misleading information may be prosecuted under state law.

**Arizona**

For your protection Arizona law requires the following statement to appear on this form. Any person who knowingly presents a false or fraudulent claim for payment of a loss is subject to criminal and civil penalties.

**California**

For your protection, California law requires the following to appear on this form. Any person who knowingly presents false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

**Colorado**

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**Connecticut, Georgia, Hawaii, Illinois, Missouri, Montana, North Carolina, North Dakota, South Carolina, South Dakota, Wisconsin:**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Delaware, Idaho:**

Any person who knowingly, and with intent to (For Delaware add: *injure*) defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony.

### **District of Columbia**

**WARNING:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

### **Florida**

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

### **Indiana**

Any person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

### **Kansas**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

### **Kentucky**

Application Forms: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

### **Maine, Tennessee, Virginia, Washington:**

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

### **Massachusetts, Nebraska, Vermont:**

Any person who knowingly and with intent to defraud any insurance company or another 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, may be committing a fraudulent insurance act, which may be a crime and may subject the person to criminal and civil penalties.

### **Minnesota**

A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

### **New Hampshire**

Any person who, with a purpose to injure, defraud or deceive any insurance company, files a statement of claim containing any false, incomplete, or misleading information is subject to prosecution and punishment for insurance fraud, as provided in NH Rev. Stat. § 638:20.

### **New Jersey**

Application Forms: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

### **New Mexico**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

### **New York**

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, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

### **Ohio**

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**Oklahoma**

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**Oregon**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents materially false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison. In order for us to deny a claim on the basis of misstatements, misrepresentations, omissions or concealments on your part, we must show that the misinformation is material to the content of the policy, we relied upon the misinformation and the information was either material to the risk assumed by us or provided fraudulently.

For remedies other than the denial of a claim, misstatements, misrepresentations, omissions or concealments on your part must either be fraudulent or material to our interests. With regard to fire insurance, in order to trigger the right to remedy, material misrepresentations must be willful or intentional. Misstatements, misrepresentations, omissions or concealments on your part are not fraudulent unless they are made with the intent to knowingly defraud.

**Pennsylvania**

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 and subjects such person to criminal and civil penalties.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date