



MADRONA INSURANCE
— PROTECTING WHAT MATTERS MOST —

Madrona Insurance Client Service- John
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BOP
Liability Only

HANDYMAN BUSINESSOWNERS COVERAGE

1. Effective Date: _____ 2. Name of Present Carrier: _____

Mm/dd/yyyy

3. Applicant Business Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

E-mail: _____ Phone No: _____

Contact Name: _____ Contact No.: _____

4. Named Insured is: ☐ Individual
☐ Occupied Partnership
☐ Corporation
☐ Other: _____
(Please specify)

5. Interest of Insured: ☐ Owner
☐ Lessor
☐ Tenant Only

6. Years in Business: _____ 7. Federal Employers ID Number: _____

8. Business Description: _____

9. Total Annual Revenues: _____ Total Payroll

10. Year Built: _____ 11. No. of stories: _____ 12. Construction Type: _____

13. Area (sq. feet rented): _____

14. Number of Employees (including owners & officers): Full Time: _____ Part Time: _____

15. If building is more than 30 years old, please list years of Roof, Wiring, Heating & Plumbing updates:

(if information is not known, please give name and contact information of building manager).

16. Business Liability Limits of Insurance: ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000

17. Deductible: ☐ \$500.00 ☐ \$1,000 ☐ Other _____

18. Limit of Business Personal Property: _____ 19. Building Limit if Applicable: _____
(‘N/A’ if Tenant or Lessor)

20. Describe Any Losses in the last 3 (three) policy periods at each location. Include date, type of loss & amount paid:

21. Business Personal Property \$ _____ 22. Electronic Business Personal Property \$ _____

23. Is Hired/ Non-Owned Auto coverage desired: ☐ Yes ☐ No

24. If so, do drivers maintain set limits of insurance on their own personal insurance at set limits: ☐ Yes ☐ No

25. Sprinkler System: ☐ Yes ☐ No 26. Restaurant in Building? ☐ Yes ☐ No

27. Additional Named Insured's if Applicable: 27.

Additional Locations: Send in another sheet

Do you or any of your subcontractors provide any of the following services or work on any projects involving the following materials or infrastructure?

- | | | |
|-----|---|---|
| Yes | <ul style="list-style-type: none">• Airports• Amusement rides, pools or playgrounds | <ul style="list-style-type: none">• Hazardous material or waste removal• Hydraulic fracturing, hydrofracturing, or fracking |
| No | <ul style="list-style-type: none">• Asbestos, lead, or mold evaluation or abatement• Bridges, dams, harbors, mines, piers or tunnels• Blasting or demolition• Crane operation• Emergency systems• Fire suppression• Foundation, sheeting or retaining walls | <ul style="list-style-type: none">• Landfills• Oil, gas or wells• Process piping• Roofing• Scaffolding operation• Underground storage tanks or utilities• Any other similarly hazardous projects or materials |

Do you provide any additional services for your customers apart from the primary service that you offer? Your primary service: Handyperson (no roof work) (select all that apply)

- | | | |
|-----|---|---|
| Yes | <ul style="list-style-type: none">o Air conditioning systems installation/repairo Appliance and accessories installation/repairo Carpentry (interior only) | <ul style="list-style-type: none">o Janitorial/cleaning serviceso Landscaping/gardening serviceso Lawn care services |
| No | <ul style="list-style-type: none">o Carpet/furniture/upholstery cleaning(offsite only)o Clock making/repairo Door or window installation/repairo Driveway or sidewalk paving/repavingo Drywall or wallboard installation/repairo Exterior cleaning serviceso Electrical work (interior only)o Fence installation/repairo Floor covering installation(no ceramic tile/stone)o Glass installation and repairo Heating/air conditioning install/repair(no LPG)o Interior finishing work | <ul style="list-style-type: none">o Locksmithso Masonry worko Painting (interior only)o Plastering or stucco worko Plumbing (commercial/industrial)o Plumbing (residential/domestic)o Sign painting/lettering (interior only)o Sign painting/lettering (exterior only)o Tile/stone/marble/mosaic/terrazzo work(int. only)o Upholstery worko Window cleaning (nothing above 15 feet) |

29. Additional Requests/Information:

I agree that this application, including all attachments and exhibits, is complete and correct to the best of my knowledge and belief. I understand that this application forms the basis of the contract of insurance, if the Company offers coverage and we accept the Company's offer. I also understand that completion of this application does not bind the Company, Agent or Broker to provide insurance.

Signed By: _____

Date: _____

Printed Name: _____

Title: _____



ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____
Address: _____ City: _____ State: _____ Zip: _____
E-mail address of primary contact: _____
Website address: _____
Audit contact name: _____ Phone number: _____
Years in business: _____
Years of experience in this field: _____
List all states where work is performed: _____

PROGRAM ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? ☐ Yes ☐ No
Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? ☐ Yes ☐ No
Is any location, currently or in future, under construction or renovation? ☐ Yes ☐ No
Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? ☐ Yes ☐ No
Does the applicant own or operate any other businesses? ☐ Yes* ☐ No
*If marked yes, please provide details _____
*If marked yes, does the business have coverage placed elsewhere? ☐ Yes ☐ No

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Does the applicant have any current, prior or planned involvement in projects (in any capacity) for the construction of new apartments, condominiums, townhouses or tract homes (more than 15 units at any one location)? ☐ Yes ☐ No
Has the applicant had any past allegations or claims involving construction defect? ☐ Yes ☐ No
Has the applicant been in business for more than 12 months with no prior coverage? ☐ Yes ☐ No
Does the applicant rent or loan equipment to others? ☐ Yes ☐ No
Does the applicant have any exterior operations in excess of 4 stories or above 50 feet from ground level? ☐ Yes ☐ No
Does the applicant have any operations involving rigging work or the use of cranes? ☐ Yes ☐ No
Does the applicant have any operations involving installation of overhead doors (e.g. garage doors)? ☐ Yes ☐ No
Does the applicant have any operations involving fire suppression, sprinkler, alarm monitoring or security system installation, service, maintenance or repair work? ☐ Yes ☐ No
Does the applicant have any operations involving insurance claim response, water removal/extraction, mold remediation, pollution, fire/soot, asbestos abatement or any other type of property damage remediation? ☐ Yes ☐ No
Does the applicant have operations involving medical facilities (Other than doctor's office), surgical facilities, nursing homes or assisted living facilities during applicant's time in business or planned for our policy term? ☐ Yes ☐ No
Does the applicant have any operations involving airports, government facilities, highway or utility right or way maintenance? ☐ Yes ☐ No
Does the applicant have any operations involving boiler systems installation, service or repair work? ☐ Yes ☐ No

Does the applicant have any operations involving concrete or cement work including, but not limited to, foundations or chimneys?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving waterproofing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving swimming pool installation, service, maintenance or repair work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving demolition work (except incidental non-load bearing interior work)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving roofing installation and/or repair work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving EIFS (Synthetic stucco) application?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving grading of land, excavating, irrigation, or drilling services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide services including painting, carpentry, plumbing or other handyman operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any operations involving wood floor sanding, stripping or refinishing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant offer repair or refurbishing services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant subcontract any work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If marked yes, what is the subcontracted work percentage of gross sales? _____		
*If marked yes, are certificates of insurance obtained prior to any subcontractor starting work that show a minimum of \$500,000/\$500,000 General Liability limits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If marked yes, is the applicant named as additional insured on the subcontractor's General Liability policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
*If marked yes, does the applicant's written agreement with subcontractors contain indemnification and/or hold harmless wording?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

JANITORIAL/RESIDENTIAL CLEANING/CARPET, FURNITURE, UPHOLSTERY CLEANING ONLY ☐ **N/A**

Does the applicant perform residential cleaning work only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any work at mercantile locations when they are open for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant handle any infectious waste or hazardous material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any hood or duct cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any ice or snow treatment/removal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do floor stripping and/or waxing operations account for 50% or more of annual revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any pressure washing and/or sandblasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any products sold under their name or label?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any street cleaning or debris removal operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any operations at locations other than residential, office or mercantile locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LANDSCAPING/LAWN CARE/FENCE ERECTION ONLY ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or above 15 feet from ground level (e.g. tree trimming or gutter cleaning)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any excavating or irrigation services including but not limited to sprinkler installation, service, maintenance or repair work or underground drainage systems?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any ice or snow treatment/removal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any erosion control services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any seasonal decoration installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any nursery operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any installation or repair of gazebos, fences, retaining walls or decks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any Debris removal operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any fumigation, crop dusting or aerial spraying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Does the applicant perform any street cleaning or debris removal operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any ice or snow treatment/removal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

JANITORIAL/RESIDENTIAL CLEANING/CARPET, FURNITURE, UPHOLSTERY CLEANING ONLY ☐ **N/A**

Does the applicant perform residential cleaning work only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any work at mercantile locations when they are open for business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant handle any infectious waste or hazardous material?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any hood or duct cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any ice or snow treatment/removal services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do floor stripping and/or waxing operations account for 50% or more of annual revenue?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any pressure washing and/or sandblasting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant have any products sold under their name or label?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any street cleaning or debris removal operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any operations at locations other than residential, office or mercantile locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

CARPENTRY NOC/CARPENTRY SHOP ONLY ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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COMMUNICATION EQUIPMENT INSTALLATION- COMMERCIAL- OFFICE ONLY/COMMUNICATION EQUIPMENT INSTALLATION –COMMERCIAL- OFFICE AND SHOP ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any hood or duct cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

HEATING AND AIR CONDITIONING SYSTEMS INSTALLATION, SERVICE OR REPAIR ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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MASONRY – OFFICE ONLY /MASONRY – OFFICE AND SHOP ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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OFFICE MACHINES OR APPLIANCES – INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant perform any hood or duct cleaning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

SHEET METAL WORK – SHOP & OUTSIDE ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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SIGN PAINTING OR LETTERING - EXTERIOR ☐ **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the applicant provide any pressure washing and/or sandblasting services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No