

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
_____ _____ _____	_____ _____ _____
BUSINESS NAME OR TRADING NAME: _____	APPLICANT'S PHONE NUMBER: _____
PROPOSED POLICY PERIOD: _____ TO: _____	APPLICANT'S WEB ADDRESS: _____
	INSPECTION CONTACT: _____
	CONTACT PHONE NUMBER: _____

APPLICANT IS: **INDIVIDUAL (INCLUDE DATE OF BIRTH):** _____ **PARTNERSHIP (INCLUDE DATES OF BIRTH):** _____
 CORPORATION **JOINT VENTURE** OR **OTHER** _____
 Years in business: _____ Years of Experience in this field: _____

Location #1 _____
 Location #2 _____
 Location #3 _____

GENERAL INFORMATION:

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

GENERAL LIABILITY INFORMATION

- Applicant is (Percentage of Each)
 General Contractor _____ % Real Estate Developer _____ % Subcontractor _____ %
- Type of Work Performed (Percentage of Each):
 Commercial _____ % Residential _____ % Industrial _____ % = 100%
 New Construction _____ % Remodeling/Additions _____ % Repair/Service Work _____ % = 100%
 Roofing _____ % Type of Roofing? _____
- For the next 12 months, advise:
 Owner/Partner Payroll \$ _____ Subcontractor Cost \$ _____ Uninsured Subcontractor Payroll \$ _____
 Number of Employees _____ Employee Payroll \$ _____ Leased Employees Payroll \$ _____
- Total Sales \$ _____
- 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