

## Artisan Contractors Application

Applicant's Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
 \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Inspection Contact: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number for Inspection contact: \_\_\_\_\_  
 \_\_\_\_\_ Web Address \_\_\_\_\_

Proposed Policy Period: \_\_\_\_\_ to \_\_\_\_\_  
 Insured is  Individual  Partnership  Corporation  Joint Venture  Other \_\_\_\_\_

**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 (Submit) 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):  
 New Construction \_\_\_\_\_ Remodeling/Additions \_\_\_\_\_  
 Roofing \_\_\_\_\_ Repair/Service Work \_\_\_\_\_  
 Type of Roofing? \_\_\_\_\_ Open flame processes prohibit.

|                                       |                           |
|---------------------------------------|---------------------------|
| Owner/Partner Payroll _____           | Subcontractor Cost _____  |
| Employee Payroll _____                | Total Receipts _____      |
| Uninsured Subcontractor Payroll _____ | Number of Employees _____ |
| Leased Employees Payroll _____        |                           |

Provide a complete description of all work performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What is the maximum height the Applicant will perform work \_\_\_\_\_

Any mobile equipment leased?  Yes  No

If yes are certificates of insurance required when leased with operator?  Yes  No

Describe the type or equipment leased. \_\_\_\_\_

List the last 5 jobs performed including the cost of those jobs.

| Location | Type of Job | Job Receipts |
|----------|-------------|--------------|
| _____    | _____       | \$ _____     |
| _____    | _____       | \$ _____     |
| _____    | _____       | \$ _____     |
| _____    | _____       | \$ _____     |
| _____    | _____       | \$ _____     |

**Complete for Subcontracted Work:**

What type of work is subcontracted?

| Type  | %     | Type  | %     | Type  | %     |
|-------|-------|-------|-------|-------|-------|
| _____ | ____% | _____ | ____% | _____ | ____% |
| _____ | ____% | _____ | ____% | _____ | ____% |
| _____ | ____% | _____ | ____% | _____ | ____% |

Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No If no, rate as primary class of work subcontractor is performing.

Is applicant named as additional insured on the subcontractors policy?  Yes  No It is preferred that applicant be named as an additional insured.

Does applicant carry workers compensation insurance?  Yes  No

**LIMITS – GENERAL LIABILITY:**

LIMITS OF LIABILITY REQUESTED:

GENERAL AGGREGATE: \_\_\_\_\_

PRODUCTS & COMPLETED OPERATIONS AGGREGATE: \_\_\_\_\_

PERSONAL & ADVERTISING INJURY: \_\_\_\_\_

EACH OCCURRENCE: \_\_\_\_\_

FIRE DAMAGE: \_\_\_\_\_

MEDICAL PAYMENTS: \_\_\_\_\_

**CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS:**

| NAME AND ADDRESS: | INTEREST | ADD'L INS'D.             |
|-------------------|----------|--------------------------|
| _____             | _____    | <input type="checkbox"/> |
| _____             | _____    | <input type="checkbox"/> |
| _____             | _____    | <input type="checkbox"/> |

**PRIOR EXPERIENCE AND LOSSES**

| PRIOR CARRIER | LIMITS | POLICY TERM | LOSS INFORMATION |
|---------------|--------|-------------|------------------|
| _____         | _____  | _____       | _____            |
| _____         | _____  | _____       | _____            |
| _____         | _____  | _____       | _____            |

Has the applicant been cancelled or non-renewed in the last three years? If yes, Explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does the Applicant perform any work in California now or has the applicant performed any work in California in the past?  
 Yes  No If yes decline.

Does Applicant perform any out of state work?  Yes  No If yes, in what states and provide details of work performed:  
 \_\_\_\_\_

This application shall not be binding unless and until confirmation by the Company or its duly appointed representatives has been given, and that a policy shall be issued and a payment shall be made, and then only as of the commencement date of said policy and in accordance with all terms thereof. The said applicant hereby covenants and agrees that the foregoing statements and answers are a full and true statement of all the facts and circumstances with regard to the risk to be insured, and the same are hereby made the basis and conditions of the insurance and a warranty on the part of the Insured.

\_\_\_\_\_  
 Witness Date Applicant's Signature

**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.