

ARTISAN CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL

APPLICANT INFORMATION:

Applicant:

DBA:

Business Address:

Mailing Address:

Contact Name:

Contact Ph Number:

Website Address:

AGENCY INFORMATION:

Agency name:

Agent's Name:

Agency Address:

Phone:

Fax:

Email:

NEW VENTURE SUPPLEMENTAL

Years under current name:

If less than 3 years the rest of this section is required

Date business established:

Years of related experience:

List all business names that applicant/owner has owned in the past:

Brief Summary of experience:

APPLICANT'S OPERATIONS

1.	Description of applicant's operations (details please):		
2.	Contractor's license number:		
3.	Number of owners: Number of employees:		
4.	What percentage of your work do you subcontract:		
5.	Direct payroll <u>excluding</u> principals/owners/partners:		
6.	Insured subcontractor costs: Labor: Materials:		
7.	Uninsured contractor costs: What type of work will they do for the applicant?		
8.	Gross receipts last year: Anticipated gross receipts this year:		
9.	Any waiver of subrogation, AI or per project requirements? Please list number of each:		
10.	Do you remove or perform any abatement work involving asbestos, fungus, mold or lead? If yes, is the work subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Do your operations involve any outside work over 3 stories or use cranes or booms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Do you sell, install, service or repair alarm systems, fire suppression systems, boilers, escalators, elevators, surveillance or TV monitoring systems or equipment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	If yes, is the work subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No		
13.	Do you manufacture any products? If yes, please provide list of products:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Do you do any commercial floorwaxing? If yes, please provide percentage of operations: % If yes, any retail stores, grocery stores or stores open 24hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Any use of water proofing or pressure washing equipment over 3000 PSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Any pressure washing of roofs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Do you sell, install, service or repair wood, coal or pellet burning stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Do you do any directional boring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Are you involved in the sale of chemicals, or the application of chemicals such as herbicides or pesticides other than those sold "over-the-counter?"	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Are you involved in tunneling, dredging, caisson or revetment work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you do any recreational or playground equipment construction or erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Do you or any officer, owner or partner have a prior felony conviction? If yes, please provide details and date of conviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Do your operations include any restoration work involving smoke, fire or water damage? This includes water extraction, smoke removal or odor abatement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do your operations include exterior spray painting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

	If yes, coverage for overspray is excluded.		
25.	Do you perform any new construction of condominiums, townhouses, or tract? If yes, coverage for those operations is excluded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Do you perform or subcontract any blasting operations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Do your operations include any snow plowing or snow/ice removal? If yes, coverage for those operations is excluded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Do your operations include any work on or for airports, elevators, environmental remediation, railroad, traffic signals, guard rails, signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<p>LOSS HISTORY</p> <p>This business has had _____ general liability claims, totaling \$ _____ (paid and reserved) within the past 3 years. There are currently _____ open claims.</p> <p>Have you had any construction defect claims? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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<p>Please explain any "yes" answers above or enter any comments you have about this risk:</p>
<p>Please list any additional insureds:</p>

READ AND SIGN BELOW:

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 mis-stated. 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.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____