

## 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:	If applicable.	
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?  Are cranes used and if so:  <ul style="list-style-type: none"> <li>• Are they owned by the applicant?</li> <li>• Are they rented with or without operator?</li> </ul>	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> W	<input type="checkbox"/> No  <input type="checkbox"/> No  <input type="checkbox"/> WO

12.	Do you sell, install, service or repair alarm systems, fire suppression systems, boilers, escalators, elevators, surveillance or TV monitoring systems or equipment?  If yes, is the work subcontracted? <input type="checkbox"/> Yes <input type="checkbox"/> No	<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.	Do you install or repair any pilings or piers?	<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 or horizontal drilling?	<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?  <b>If yes, coverage for overspray is excluded.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
25.	Do you perform any new construction of condominiums, townhouses, or tract homes in any development where there will be more than 10 units in the entire development?  <b>If yes, coverage for those operations is excluded.</b>	<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?  <b>If yes, coverage for those operations is excluded.</b>	<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, traffic 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
30.	If you use subcontractors do they:  Provide proof of general liability coverage at limits equal to yours?  Name you as an additional insured?  Provide a written contract including a hold harmless in your favor?	<input type="checkbox"/> Yes  <input type="checkbox"/> Yes  <input type="checkbox"/> Yes	<input type="checkbox"/> No  <input type="checkbox"/> No  <input type="checkbox"/> No
31.	Do you or your subcontractors perform any roofing work?  If so, we'll need our roofing supplemental completed. If any hot tar, torch down, or any use of an open flame we'll have to decline.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

32.	Do you rent any of your equipment to others?  If so, what:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
33.	Do you do any concrete cutting or boring?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
34.	Do you or your subs do any foundation repair/underpinning?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
35.	Do you perform any site work or install foundations on any hillsides or slopes greater than 30 degrees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**LOSS HISTORY**

This business has had \_\_\_\_\_ general liability claims, totaling \$ \_\_\_\_\_ (paid and reserved) within the past 3 years. There are currently \_\_\_\_\_ open claims.

Have you had any construction defect claims?  Yes  No

Please explain any "yes" answers above or enter any comments you have about this risk:

Please list any additional insureds:

**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 \_\_\_\_\_