



Artisan Contractors Product/General Contractors Product

CONTRACTORS SUPPLEMENTAL APPLICATION

Submit along with signed, and completed Acord General Liability Application

1. Applicant's Name _____
2. Has applicant incurred any losses in past 3 years or as long as in business if less than 3 years? Yes No
3. Year(s) in business under this name? _____ Year(s) of experience in this field? _____
4. Has applicant ever operated under any other name or names? Yes No
 - a. If yes, what name(s)? _____
 - b. If yes, what was the reason for the change? _____
5. Has applicant ever performed construction operations in AZ, CA, FL, HI, NV, or TX? Yes No
6. Applicant operates:

_____ % **General Contractor*** _____ % Contractor _____ % Construction Manager
_____ % Architect/ Engineer _____ % Real Estate Developer

* If work is performed as a General Contractor, I have attached three (3) years of recently valued carrier loss runs. Yes No
7. Receipts: \$ _____ Projected Subcontractor Costs: \$ _____ Projected (includes labor & material costs)
\$ _____ Expiring \$ _____ Expiring (includes labor & material costs)
8. Does applicant use casual laborers? Yes No
9. Total number of employees (including owner and all leased employees): Full Time _____ Part Time: _____
10. Indicate Percentage of work that is:

	NEW	RENOVATION		NEW	RENOVATION
Single Family	%	%	Office Building	%	%
2-4 Family	%	%	Mercantile Building	%	%
Apartments	%	%	Institutional Building	%	%
Condominiums	%	%	Industrial Building	%	%
Townhouses	%	%			

11. Describe the three largest jobs undertaken in the past 3 years or since company's inception if less than 3 years.

DESCRIPTION OF WORK PERFORMED	LOCATION (CITY, STATE)	COST	DURATION
1			
2			
3			

12. Please indicate whether the applicant retains any work in the following classifications by providing the payroll (including casual labor) for each classification. **For each bolded/italicized class and where payroll is indicated you must respond to additional questions detailed on page 3 of this application for the risk to be considered.**

CLASSIFICATION	PAY ROLL	CLASSIFICATION	PAY ROLL	CLASSIFICATION	PAY ROLL
Carpentry Exterior <= 3 Stories (Residential)		Driveway/Parking Lot Paving		Concrete (Foundations/Retaining Walls)	
Carpentry - Interior		Drywall		Drilling	
Carpentry NOC/Commercial		Electrical Apparatus Install		Earthquake Reinforcement	
Electrical - Within Buildings		Electrical Contractors		Excavating	
HVAC		Executive Supervisors		Fireproofing	
Landscape Gardening		Floor Covering Installation		Handyman	
Masonry		Furniture or Fixture Installation		Insulation	
Painting Exterior <= 3 stories		Home Furnishing Installation		Interior Demolition	
Painting - Interior		Interior Decorators		Exterior Plastering/Stucco	
Plumbing - Commercial		Painting - Shop Only		Power Line or Pole Work	
Plumbing - Residential		Paperhanging		Process Piping	
Tile or Marble Work		Plastering (Interior Only)		Roofing	
Tree Pruning		Sign Painting (Exterior)		Siding Installation	
Air Conditioning Systems		Sign Painting - Interior		Steel (ornamental)	
Cable Installation		Truckers - Household Moving		Steel (structural)	
Carpentry Shop Only		Upholstering		Underground Storage Tanks	
Carpet/Rug/Furniture Cleaning		Window Cleaning		Waterproofing	
Ceiling Wall Installation - Metal					
Door/Window Installation					

13. Has the applicant ever or will the applicant retain any work in any classifications other than those listed above? Yes No
14. a. Has the applicant ever or will the applicant build more than 1 structure in any given subdivision or development in CO, GA, ID, MT, OR, WA)? Yes No
- b. Has the applicant ever or will the applicant build more than 3 structures in any given subdivision or development in all other eligible states? Yes No
15. Has or will the applicant ever be involved in the construction of tract housing, apartment buildings, condominiums or townhouses? Yes No
16. Does or did the applicant build on piers, pilings, stilts or over landfills or in subsidence areas? Yes No
17. Does or did the applicant ever use synthetic stucco, EIFS, or Dryvit? Yes No
18. Has the applicant ever been involved in or aware of pending litigation regarding defective workmanship? Yes No
19. Does the applicant perform any EXTERIOR operations over three stories in height from grade? Yes No
20. Does the applicant lease or rent any equipment to others? Yes No
21. Does applicant utilize subcontractors? Yes No
- a. If yes, is applicant named as an additional insured on the General Liability Policy of each subcontractor? Yes No
- b. If yes, are certificates of insurance evidencing General Liability coverage required? Yes No
22. Does the applicant perform any work in hospitals or medical facilities? Yes No

23. Please place an "X" next to each classification representing work performed by you or a subcontractor on your behalf. None

CLASSIFICATION		CLASSIFICATION		CLASSIFICATION	
Street, Road Highway Construction		Pile Driving		Boring Under Streets	
Blasting or Explosion Hazard		Pipeline Construction		Airport Facilities	
Commercial Boiler Inspection Service Repair		Tower Construction		Subway Construction	
Race Track or Stadium Construction		Equipment Rental		Stevedoring	
Bridge & Elevated Highway Construction		Pollution Abatement		Soil Stabilization	
Waste & Reclamation Facilities		Asbestos Abatement		Fire Restoration	
Cantilevered Construction		Tank Construction		Underpinning Work	
Pier or Wharf Construction		Tunnel Construction		Asphalt Works	
Power Generating Facilities		Wrap-up Construction		Structural Demolition	
Sewer/Gas Main Construction		Railroad Construction		Power Line Work	

24. Please place an "X" next to each classification representing work performed by subcontractors on your behalf.

CLASSIFICATION		CLASSIFICATION		CLASSIFICATION		CLASSIFICATION	
Air Conditioning Systems		Electrical - Within bldg		Masonry		Siding	
Cable Installation		Excavating		Paperhanging		Sign Painting - Interior	
Carp. Res. <= 3 stories		Exec. Super / Job Site Super		Painting Ext <= 3 stories		Sign Painting - Exterior	
Carpentry - Interior		Fireproofing		Painting Interior		Steel (ornamental)	
Carpentry NOC Comm.		Floor Covering Install		Painting Shop Only		Steel (structural)	
Carpentry - Shop Only		Framing of Buildings		Plastering / Stucco		Tile / Marble Work	
Carpet/Furniture Cleaning		Furniture or Fixture Install		Plumbing Commercial		Tree Pruning	
Ceiling Wall Install - Metal		Home Furnishing Install		Plumbing Residential		Truckers	
Concrete Work		HVAC		Undergrd Storage Tanks		Household Moving	
Door Window Install		Insulation		Power Lines		Waterproofing	
Drilling		Interior Demolition		Process Piping		Window Cleaning	
Dry Wall		Landscape Gardening		Roofing		E Q Reinforcement	

25. All questions on this application have been answered.

26. If applicable, all supplemental questions on page 3 have been answered.

Eligible Ineligible
 Yes No
 Yes No

Only complete those sections below for those bolded classes in Question #12 where you entered payroll.
Provide additional information on lines below for all YES responses.

SECTION I. Painting

- Any EXTERIOR work over 3 stories or 35 feet from grade level? Yes No
- Any painting of bridges, overpasses or industrial structures (i.e. - tanks)? Yes No
- Any waterproofing? Yes No
- Any spray painting, sand blasting or power washing? Yes No
- Any refinishing? If yes, specify below what is refinished (i.e. cabinets, floors, etc). Yes No

SECTION II. Plumbing or HVAC

- Any fire suppression or sprinkler work? Yes No
- Any inspection, installation, service, or repair work of commercial boiler systems? Yes No
- Any work on rooftops in excess of 3 stories? Yes No
- Any rigging operations? Yes No
- Any work with liquid petroleum gas (LPG)? Yes No
- Any excavation work? Yes No
- Any work in streets or roads? Yes No
- Any work in schools? Yes No

SECTION III. Electrical

- Any alarm monitoring or security system installation, service, maintenance or repair? Yes No
- Any pole work? Yes No
- Any excavation work? Yes No
- Any underground work? Yes No
- Any special equipment wiring? Yes No
- Any auto, marine, machinery or aircraft wiring? Yes No
- Contract(s) with any government entity? Yes No
- Any specialized electrical work? If yes describe below. Yes No

SECTION IV. Flat Concrete or Masonry

- Any structural work including foundation work or retaining walls? Yes No
- Has the applicant ever been involved in waterproofing? Yes No
- Any sandblasting or power/pressure washing? Yes No
- Any bridgework? Yes No
- Any EXTERIOR work over 3 stories or 35 feet from grade level? Yes No
- Any concrete work other than flat concrete? Describe any below. Yes No

SECTION V. Carpentry or Framing

- Any EXTERIOR work over 3 stories or 35 feet from grade level? Yes No
- Any wood floor sanding or refinishing? Yes No
- Any adding floors to existing structures? Yes No

SECTION VI. Landscaping

- Any use of pesticide or herbicide? Yes No
- Any ice or snow removal services? Yes No
- Any tree pruning or removal? If yes, list % payroll below. Yes No
- Any work near power lines? Yes No
- Construction of walls, ponds, lakes, or retention ponds? Yes No
- Contract(s) with any government entity? Yes No
- Work performed for utility companies or cable providers? Yes No

SECTION VII. Tile

- Any reglazing of fixtures or tubs? Yes No

Additional Comments: _____

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance" is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: 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 Fraud Statement: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky Fraud Statement: 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 Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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 Fraud Statement: 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 Fraud Statement: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): 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.

Warranty: I/we warrant that the information contained herein is true and that it shall be the basis of the policy of and deemed incorporated therein, should the company evidence its acceptance of this application by issuance of a policy. I/we agree that such policy shall be null and void if such information is false or misleading in any way as this could materially affect acceptance of a risk by the Company. I/we hereby authorize release of claim information from any insurers or their general agent.

Name of Applicant (Print): _____

Signature of Applicant: _____

Title of Applicant: _____

Date: _____

Information for Audit:

Contact Name: _____

Phone: _____