



# ARTISAN CONTRACTORS PAC

## APPLICATION

AGENCY \_\_\_\_\_ ADDRESS \_\_\_\_\_

PROPOSED EFF. DATE \_\_\_\_\_ TO \_\_\_\_\_ PAYMENT PLAN \_\_\_\_\_ DEPOSIT PREMIUM ENCLOSURE \$ \_\_\_\_\_

APPLICANT _____	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> JOINT VENTURE
MAILING ADDRESS _____	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> LIMITED LIABILITY CORP
CITY _____ STATE _____ ZIP _____	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> SUBCHAPTER "S" CORP
E-MAIL ADDRESS _____	WEBSITE ADDRESS _____	
INSPECTION CONTACT _____	PHONE _____	CELL _____
ACCOUNTING RECORDS CONTACT _____	PHONE _____	

**LOCATION OF APPLICANT'S PREMISES**

LOC	PREMISES ADDRESS	APPLICANT'S USE OF PREMISES (Office, Shop, Warehouse)	AREA (Sq Ft)
1			
2			
3			
4			

**DESCRIPTION OF BUSINESS OPERATIONS**

Years in Business in this Business Name: \_\_\_\_\_ Years Experience in this type of work: \_\_\_\_\_

Business operation is:  Full Time  Part Time  Year Round  Seasonal

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Annual Gross Receipts: \$ \_\_\_\_\_

Cost of Sub-Contractors: Materials \$ \_\_\_\_\_ + Labor \$ \_\_\_\_\_ = \$ \_\_\_\_\_ Total

**GENERAL INFORMATION**

EXPLAIN ALL "YES" RESPONSES	YES	NO	EXPLAIN ALL "YES" RESPONSES	YES	NO
1. Is applicant a subsidiary of another entity?			5. During the last five years, has any applicant been convicted of any degree of the crime of arson?		
2. Does applicant have any subsidiaries?					
3. Any policy or coverage declined, cancelled or non-renewed during the prior 3 years?			7. Any bankruptcies, tax or credit liens against the applicant in the past 5 years?		
4. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination or negligent hiring?			8. Do you have any operations or do you own, lease or rent property not described in this application?		

**LOSS HISTORY**

Enter all claims or losses (whether or not insured against) or occurrences that may give rise to claims for the prior 5 years.  Check if none  See attached loss descriptions

Date of Occurrence	Line	Description of Occurrence	Date Claim Made	Amount Paid	Amount Reserved	Status (Open/Closed)

**PRIOR INSURANCE INFORMATION**

YEAR	GENERAL LIABILITY		PROPERTY and CRIME		INLAND MARINE	
	Company/Policy #	Premium	Company/Policy #	Premium	Company/Policy #	Premium
MOST RECENT	Co: #:		Co: #:		Co: #:	
1 <sup>ST</sup> PRIOR YEAR	Co: #:		Co: #:		Co: #:	
2 <sup>ND</sup> PRIOR YEAR	Co: #:		Co: #:		Co: #:	

**GENERAL LIABILITY**

COVERAGE (Occurrence Form)	LIMITS	PROPERTY DAMAGE DEDUCTIBLE	
General Aggregate	\$	\$ Per Claim (\$ 500 Minimum)	
Products & Completed Operations Aggregate	\$	Available deductibles: \$750, \$1,000, \$2,000, \$3,000, \$5,000	
Personal & Advertising Injury	\$	COVERAGE	LIMITS
Each Occurrence	\$	Employee Benefits	\$ Each Claim
Damage To Premises Rented To You	\$	(Claims Made Form)	\$ Aggregate
Medical Expense (Any one person)	\$	\$ 1,000 Deductible	Per Claim

**SCHEDULE OF GENERAL LIABILITY EXPOSURES**

LOC	TERR	CLASSIFICATION	CLASS CODE	PREMIUM BASIS *	EXPOSURE

\* Premium Basis: (P) Payroll (C) Total Cost (S) Sales (U) Unit/Each (A) Area

**ADDITIONAL GENERAL LIABILITY INTERESTS**

Automatic – All interests required in a written contract with respect to the insured's premises, work done for the additional insured or acts of omissions in connection with supervision of the insured's work.	NP 01 96 is included on all policies.
<b>Others:</b>	<b>Interest or Form</b>
<b>Name</b>	<b>Address</b>

**SPECIAL ENDORSEMENTS DESIRED**

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**EMPLOYEE BENEFITS**

(Explain all "no" responses)	Yes	No	6. Total Number of Employees:
1. Is a written benefits plan provided to all eligible employees?			7. Number of Employees Covered:
2. Are employees required to sign a form acknowledging they have had the plan explained to them?			8. Retroactive Date:
3. Are beneficiaries required to sign this form?			EXPLANATION:
4. Are all employees advised in writing of all changes to their benefits plan?			
5. Has this business had any claims or legal action filed contesting the proper administration of any Employee Benefit Plan(s)?			



**GENERAL LIABILITY UNDERWRITING**

1. Contractors License #(s): **Attach a copy of your license(s) to this application.**

None **(Explain)**

	State Certified	State Registered	State License Number	If State Registered, Indicate County, Municipality Or Developmental District(s) Licensed In
<b>Division I:</b>				
General Contractor	<input type="checkbox"/>	<input type="checkbox"/>		
Building Contractor	<input type="checkbox"/>	<input type="checkbox"/>		
Residential Contractor	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Division II:</b>				
Heating, Ventilation, AC	<input type="checkbox"/>	<input type="checkbox"/>		
Commercial Pool/Spa	<input type="checkbox"/>	<input type="checkbox"/>		
Residential Pool/Spa	<input type="checkbox"/>	<input type="checkbox"/>		
Swimming Pool/Spa Service	<input type="checkbox"/>	<input type="checkbox"/>		
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>		
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>		
Solar	<input type="checkbox"/>	<input type="checkbox"/>		
Underground Utility/Excavation	<input type="checkbox"/>	<input type="checkbox"/>		
Pollutant	<input type="checkbox"/>	<input type="checkbox"/>		
Roofing	<input type="checkbox"/>	<input type="checkbox"/>		
Sheet Metal	<input type="checkbox"/>	<input type="checkbox"/>		
Other:	<input type="checkbox"/>	<input type="checkbox"/>		

2. What percentage of your work is: Residential \_\_\_\_\_ % Industrial \_\_\_\_\_ % Commercial \_\_\_\_\_ %

3. What type of work do you subcontract to others?

	Yes	No		Yes	No	
4. Does applicant sell or use flammables, explosives or other hazardous chemicals? (Describe in comments.)	<input type="checkbox"/>	<input type="checkbox"/>	27. Do you or your subs perform operations involving:			
5. Do you require a Hold Harmless Agreement from all of your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>		a. Insulation installation or removal, other than fiberglass or rock wool	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you require all of your subcontractors to carry liability insurance of \$300,000/\$300,000/\$300,000 or higher?	<input type="checkbox"/>	<input type="checkbox"/>		b. Installation or repair of wood, coal, waste oil, LPG or natural gas burning stoves or heaters	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you require a Certificate of Insurance from each sub prior to start of work?	<input type="checkbox"/>	<input type="checkbox"/>		c. Installation or repair of burglar or fire alarms or fire sprinkler or suppression systems	<input type="checkbox"/>	<input type="checkbox"/>
8. Are any products manufactured or sold under your label?	<input type="checkbox"/>	<input type="checkbox"/>		d. Tree removal or stump grinding	<input type="checkbox"/>	<input type="checkbox"/>
9. Does applicant draw plans, designs or specifications?	<input type="checkbox"/>	<input type="checkbox"/>		e. Exterior work over 3 stories	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any business conducted from your premises other than contracting operations described in this application? (Describe below.)	<input type="checkbox"/>	<input type="checkbox"/>		f. Roofing	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you or your subs use cranes?	<input type="checkbox"/>	<input type="checkbox"/>		g. Chimney Cleaning	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you lease equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>		h. Commercial boiler installation or repair	<input type="checkbox"/>	<input type="checkbox"/>
13. Do your operations include excavation, tunneling, underground work or earth moving other than grading of land (Describe and give depth in comments.)	<input type="checkbox"/>	<input type="checkbox"/>		i. Snow removal	<input type="checkbox"/>	<input type="checkbox"/>
14. Are utilities marked before the start of every dig?	<input type="checkbox"/>	<input type="checkbox"/>		j. Airport construction or repair	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you use boats, docks or floats in your operations?	<input type="checkbox"/>	<input type="checkbox"/>		k. High voltage (over 480 volts) or high amperage	<input type="checkbox"/>	<input type="checkbox"/>
16. Do you lease employees to or from other employers?	<input type="checkbox"/>	<input type="checkbox"/>		l. Dam, bridge or river related construction	<input type="checkbox"/>	<input type="checkbox"/>
17. Do you sponsor sporting or social events? (describe)	<input type="checkbox"/>	<input type="checkbox"/>		m. Nuclear plants or any type of power plants	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you do work that is directly in contact with EIFS, such a windows, doors, flashing or caulk?	<input type="checkbox"/>	<input type="checkbox"/>		n. Major electrical control panels	<input type="checkbox"/>	<input type="checkbox"/>
19. Do you or your subs apply pesticides, herbicides or fertilizers? (Describe and give frequency in comments.)	<input type="checkbox"/>	<input type="checkbox"/>		o. Hospitals	<input type="checkbox"/>	<input type="checkbox"/>
20. Do you or your subs do any tree pruning higher than 10 feet or tree removal? (Describe)	<input type="checkbox"/>	<input type="checkbox"/>		p. Exterior spraying of any substance (Describe)	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you do painting of tanks, bridges or towers?	<input type="checkbox"/>	<input type="checkbox"/>		q. Traffic signal work	<input type="checkbox"/>	<input type="checkbox"/>
22. Do you or your subs do any demolition or salvage?	<input type="checkbox"/>	<input type="checkbox"/>		r. Oil or gas refineries or petrochemical plants	<input type="checkbox"/>	<input type="checkbox"/>
23. Any installation of high pressure plumbing systems or plumbing systems for caustics, flammables, gases or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>		s. Power transmission lines	<input type="checkbox"/>	<input type="checkbox"/>
24. Any refrigeration systems installed?	<input type="checkbox"/>	<input type="checkbox"/>		t. Hazardous material abatement	<input type="checkbox"/>	<input type="checkbox"/>
25. Are all plumbers (if any) properly instructed with respect to "sweating" of pipes?	<input type="checkbox"/>	<input type="checkbox"/>		u. Landfill operations	<input type="checkbox"/>	<input type="checkbox"/>
26. Do you or your subs perform window cleaning?	<input type="checkbox"/>	<input type="checkbox"/>		v. Explosive environments (paints, epoxies, solvents, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
				w. Installation of emergency backup equipment	<input type="checkbox"/>	<input type="checkbox"/>
				x. Septic tank installation or service	<input type="checkbox"/>	<input type="checkbox"/>
				y. Streets or roads	<input type="checkbox"/>	<input type="checkbox"/>
			z. Construction or repair of retaining walls	<input type="checkbox"/>	<input type="checkbox"/>	



**PROPERTY**

**CONTRACTORS EXTRA PROTECTION COVERAGE IS INCLUDED ON ALL POLICIES.**  
**FOR ADDITIONAL COVERAGE, COMPLETE THE FOLLOWING.**

**PROPERTY DESCRIPTION**

LOC	BLDG	OCCUPANCY (Office, Shop, Warehouse)	CONST	PROT CLASS	FIRE DISTRICT	WIND ZONE	BCEG	AUTO SPKL	CENTRAL ALARM
1	1								

**BUILDING FEATURES**

LOC	BLDG	YEAR BUILT	AREA (Sq Ft)	# OF STORIES	LATEST YEAR OF IMPROVEMENTS			
					WIRING	PLUMBING	HEAT/AIR	ROOFING
1	1							

**PROPERTY COVERAGE**

(\$500 Minimum Deductible. Refer to Company Underwriting Guide for Wind Deductible Requirements.)

LOC	BLDG	COVERAGE	LIMIT (100% Coins.)	DEDUCTIBLES		VALUATION (ACV/RC)	INFL GRD (Bldg only)	EXCL WIND	EXCL BPP THEFT	MONTHLY LIMITATION
				WIND	OTHER					
1	1		\$							

**ADDITIONAL PROPERTY INTERESTS**

	NAME	ADDRESS	INTEREST/TYPE

**CRIME**

LOC	BLDG	EMPLOYEE THEFT		INCLUDE FORGERY (Yes or No)	M & S INSIDE	M & S OUTSIDE	MONEY ORDERS	DEDUCTIBLES (\$ 500 Min.)	
		LIMIT	# EMPL					EMPL THEFT & FORGERY	OTHER
1	1	\$			\$	\$	\$	\$	\$

**CONTROLS – (Explain any “no” responses)**

	YES	NO		YES	NO
1. Is there an audit at least annually by an outside firm?			5. Are monies kept in a SMNA class C or better safe at night?		
2. Does audit include inventory?			6. Is safe protected by a central station burglar alarm?		
3. Is audit reviewed by owner, partners or board of directors?			7. Are two signatures required on all checks issued?		
4. Are received checks stamped “For Deposit Only” upon receipt?			8. Are bank accounts reconciled by someone not authorized to make deposits or withdrawals?		

**AUTOMOBILE**

Complete appropriate ACORD applications, PIP Selection Forms and Uninsured Motorists Option Forms for the state(s) where vehicles are domiciled and attach to this Artisan Contractors Application when submitting. Refer to the Commercial Automobile Program in the Company Underwriting Guide.



### INLAND MARINE

<input type="checkbox"/> Accounts Receivables	<input type="checkbox"/> Contractors Equipment Rental Reimbursement	<input type="checkbox"/> Miscellaneous Tools & Equipment
<input type="checkbox"/> Contractors Equipment	<input type="checkbox"/> Employee Tools	<input type="checkbox"/> Outdoor Signs
<input type="checkbox"/> Contractors Equipment Leased From Others	<input type="checkbox"/> Installation Floater	<input type="checkbox"/> Valuable Papers & Records

Complete the appropriate section that follows for each of the desired coverages listed above.

#### ACCOUNTS RECEIVABLES

Limit: \$ _____	Non-Reporting	80% Coinsurance applies	No deductible applies
Location of Records: Loc. # _____	Bldg. # _____	Const. _____	Prot. Cl. _____
Are records kept in a fully enclosed metal receptacle when premises are not open for business?		Records Duplication: _____ %	
		Location of Duplicate Records: _____	
Highest Monthly Accounts Receivables for each year of the last 3 years:	Last Year: \$ _____	1 <sup>st</sup> Prior Year: \$ _____	2 <sup>nd</sup> Prior Year: \$ _____
Total Uncollectable Accounts for each of the last 3 years:	Last Year: \$ _____	1 <sup>st</sup> Prior Year: \$ _____	2 <sup>nd</sup> Prior Year: \$ _____

#### CONTRACTORS EQUIPMENT

				DEDUCTIBLE (\$500 Minimum)
OWNED EQUIPMENT:	\$ _____	Total Limit (List all scheduled equipment to be covered in table below or attach a schedule.)	5% or	\$ _____ Occurrence Minimum
MISCELLANEOUS TOOLS AND EQUIPMENT:	\$ _____	Blanket Limit Any Single Loss		\$ _____ Deductible
	\$ _____	Limit On Any Single Item (Maximum of \$500)		\$ _____ Deductible
EMPLOYEE TOOLS:	\$ _____	Blanket Limit Any Single Loss		\$ _____ Deductible
	\$ _____	Limit On Any Single Item (10% of the blanket Limit, subject to a maximum of \$500)		\$ _____ Deductible
CONTRACTORS EQUIPMENT LEASED FROM OTHERS	\$ _____	Blanket Limit Any Single Loss (Maximum limit available is \$50,000)	5% or	\$ _____ Occurrence Minimum
CONTRACTORS EQUIPMENT RENTAL REIMBURSEMENT	\$ _____	Limit Any Single Loss		(72 Hour Waiting Period Applies.)

Higher deductibles of \$1,000, \$2,500 and \$5,000 are available (and will be required on higher valued equipment).

#### SCHEDULE OF CONTRACTORS EQUIPMENT

ITEM	DESCRIPTION (Type, Manufacturer, Model, Capacity)	ID # / SERIAL NO.	MODEL YEAR	LIMIT
1				\$



