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| <dscimg> src="dsc.xpression.crobject" refId="28114" name="ACE\_Logo10.bmp" rotation="0" familyID="22920" </dscimg> C:\Documents and Settings\v8dwiv\Application Data\EMC Document Sciences\xEditor\xprlu1-acena.ondemand.emc.com\1366885\Work\1366885_image004.png  **ACE Group** |  |  |

**ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION**

**APPLICANT’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address of primary contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Audit contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Years in business: \_\_\_\_\_\_\_\_\_\_\_

Years of experience in this field: \_\_\_\_\_\_\_\_\_\_\_

List all states where work is performed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROGRAM ELIGIBILITY – ALL CLASSIFICATIONS**

|  |  |
| --- | --- |
| Are functioning and operational fire extinguishers readily available? | 🞎 Yes 🞎 No |
| Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? | 🞎 Yes 🞎 No |
| Is any location, currently or in future, under construction or renovation? | 🞎 Yes 🞎 No |
| Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? | 🞎 Yes 🞎 No |
| Does the applicant own or operate any other businesses?  \*If marked yes, please provide details\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 Yes\* 🞎 No |
| \*If marked yes, does the business have coverage placed elsewhere? | 🞎 Yes 🞎 No |

**UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS**

|  |  |
| --- | --- |
| Does the applicant have any current, prior or planned involvement in projects (in any capacity) for the construction of new apartments, condominiums, townhouses or tract homes (more than 15 units at any one location)? | 🞎 Yes 🞎 No |
| Has the applicant had any past allegations or claims involving construction defect? | 🞎 Yes 🞎 No |
| Has the applicant been in business for more than 12 months with no prior coverage? | 🞎 Yes 🞎 No |
| Does the applicant rent or loan equipment to others? | 🞎 Yes 🞎 No |
| Does the applicant have any exterior operations in excess of 4 stories or above 50 feet from ground level? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving rigging work or the use of cranes? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving installation of overhead doors (e.g. garage doors)? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving fire suppression, sprinkler, alarm monitoring or security system installation, service, maintenance or repair work? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving insurance claim response, water removal/extraction, mold remediation, pollution, fire/soot, asbestos abatement or any other type of property damage remediation? | 🞎 Yes 🞎 No |
| Does the applicant have operations involving medical facilities (Other than doctor’s office), surgical facilities, nursing homes or assisted living facilities during applicant’s time in business or planned for our policy term? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving airports, government facilities, highway or utility right or way maintenance? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving boiler systems installation, service or repair work? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving concrete or cement work including, but not limited to, foundations or chimneys? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving waterproofing? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving swimming pool installation, service, maintenance or repair work? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving demolition work (except incidental non-load bearing interior work) | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving roofing installation and/or repair work? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving EIFS (Synthetic stucco) application? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving grading of land, excavating, irrigation, or drilling services? | 🞎 Yes 🞎 No |
| Does the applicant provide services including painting, carpentry, plumbing or other handyman operations? | 🞎 Yes 🞎 No |
| Does the applicant have any operations involving wood floor sanding, stripping or refinishing? | 🞎 Yes 🞎 No |
| Does the applicant offer repair or refurbishing services? | 🞎 Yes 🞎 No |
| Does the applicant subcontract any work? | 🞎 Yes 🞎 No |
| \*If marked yes, what is the subcontracted work percentage of gross sales? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| \*If marked yes, are certificates of insurance obtained prior to any subcontractor starting work that show a minimum of $500,000/$500,000 General Liability limits? | 🞎 Yes 🞎 No |
| \*If marked yes, is the applicant named as additional insured on the subcontractor’s General Liability policy? | 🞎 Yes 🞎 No |
| \*If marked yes, does the applicant’s written agreement with subcontractors contain indemnification and/or hold harmless wording? | 🞎 Yes 🞎 No |
|  |  |

**JANITORIAL/RESIDENTIAL CLEANING/CARPET, FURNITURE, UPHOLSTERY CLEANING ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant perform residential cleaning work only?  Does the applicant perform any work at mercantile locations when they are open for business? | 🞎 Yes 🞎 No  🞎 Yes 🞎 No |
| Does the applicant handle any infectious waste or hazardous material? | 🞎 Yes 🞎 No |
| Does the applicant perform any hood or duct cleaning? | 🞎 Yes 🞎 No |
| Does the applicant provide any ice or snow treatment/removal services? | 🞎 Yes 🞎 No |
| Do floor stripping and/or waxing operations account for 50% or more of annual revenue? | 🞎 Yes 🞎 No |
| Does the applicant perform any pressure washing and/or sandblasting? | 🞎 Yes 🞎 No |
| Does the applicant have any products sold under their name or label? | 🞎 Yes 🞎 No |
| Does the applicant perform any street cleaning or debris removal operations? | 🞎 Yes 🞎 No |
| Does the applicant perform any operations at locations other than residential, office or mercantile locations? | 🞎 Yes 🞎 No |
|  |  |

**LANDSCAPING/LAWN CARE/FENCE ERECTION ONLY** 🞎 **N/A**

|  |  |
| --- | --- |
| Does the applicant have any exterior operations in excess of 1 story or above 15 feet from ground level (e.g. tree trimming or gutter cleaning)? | 🞎 Yes 🞎 No |
| Does the applicant provide any excavating or irrigation services including but not limited to sprinkler installation, service, maintenance or repair work or underground drainage systems? | 🞎 Yes 🞎 No |
| Does the applicant provide any ice or snow treatment/removal services? | 🞎 Yes 🞎 No |
| Does the applicant provide any erosion control services? | 🞎 Yes 🞎 No |
| Does the applicant provide any seasonal decoration installation? | 🞎 Yes 🞎 No |
| Does the applicant have any nursery operations? | 🞎 Yes 🞎 No |
| Does the applicant provide any installation or repair of gazebos, fences, retaining walls or decks? | 🞎 Yes 🞎 No |
| Any Debris removal operations? | 🞎 Yes 🞎 No |
| Does the applicant perform any fumigation, crop dusting or aerial spraying? | 🞎 Yes 🞎 No |
| Does the applicant perform any street cleaning or debris removal operations? | 🞎 Yes 🞎 No |
| Does the applicant provide any ice or snow treatment/removal services? | 🞎 Yes 🞎 No |
|  |  |

**JANITORIAL/RESIDENTIAL CLEANING/CARPET, FURNITURE, UPHOLSTERY CLEANING ONLY** 🞎 **N/A**

Does the applicant perform residential cleaning work only? 🞎 Yes 🞎 No

Does the applicant perform any work at mercantile locations when they are open for business? 🞎 Yes 🞎 No

Does the applicant handle any infectious waste or hazardous material? 🞎 Yes 🞎 No

Does the applicant perform any hood or duct cleaning? 🞎 Yes 🞎 No

Does the applicant provide any ice or snow treatment/removal services? 🞎 Yes 🞎 No

Do floor stripping and/or waxing operations account for 50% or more of annual revenue? 🞎 Yes 🞎 No

Does the applicant provide any pressure washing and/or sandblasting? 🞎 Yes 🞎 No

Does the applicant have any products sold under their name or label? 🞎 Yes 🞎 No

Does the applicant perform any street cleaning or debris removal operations? 🞎 Yes 🞎 No

Does the applicant perform any operations at locations other than residential, office or mercantile 🞎 Yes 🞎 No

locations?

**CARPENTRY NOC/CARPENTRY SHOP ONLY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No

**COMMUNICATION EQUIPMENT INSTALLATION- COMMERCIAL- OFFICE ONLY/COMMUNICATION EQUIPMENT INSTALLATION –COMMERCIAL- OFFICE AND SHOP** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No

Does the applicant perform any hood or duct cleaning? 🞎 Yes 🞎 No

**HEATING AND AIR CONDITIONING SYSTEMS INSTALLATION, SERVICE OR REPAIR\_\_\_\_\_\_\_\_\_\_\_** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No

**MASONRY – OFFICE ONLY /MASONRY – OFFICE AND SHOP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No

**OFFICE MACHINES OR APPLIANCES – INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No  
Does the applicant perform any hood or duct cleaning? 🞎 Yes 🞎 No

**SHEET METAL WORK – SHOP & OUTSIDE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No

**SIGN PAINTING OR LETTERING - EXTERIOR \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** 🞎 **N/A**

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? 🞎 Yes 🞎 No  
Does the applicant provide any pressure washing and/or sandblasting services? 🞎 Yes 🞎 No