



GENERAL INSURANCE AGENCY, INC.

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

State/Area of Operations: \_\_\_\_\_ Website Address: \_\_\_\_\_

Years in business: \_\_\_\_\_ Type of license held: \_\_\_\_\_ Are you a General Contractor?  Yes  No

Provide details of all your operations: \_\_\_\_\_

\_\_\_\_\_

Do you have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

1. Applicant Operations:

Number of Owner/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

| Show by Trade: |                  | Operation is: (% of each) |              | Type of Work:          |              |
|----------------|------------------|---------------------------|--------------|------------------------|--------------|
| Trade: _____   | Payroll \$ _____ | General Contractor        | _____ %      | Residential/New        | _____ %      |
| Trade: _____   | Payroll \$ _____ | Artisan Contractor        | _____ %      | Residential/Remodeling | _____ %      |
| Trade: _____   | Payroll \$ _____ | Subcontractor             | _____ %      | Condos                 | _____ %      |
|                |                  | <b>Total</b>              | <b>100 %</b> | Commercial             | _____ %      |
| Other: _____   | Payroll \$ _____ |                           |              | <b>Total</b>           | <b>100 %</b> |

Insured Subcontractors: Cost \$ \_\_\_\_\_

2. Receipts/Sales: Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

3. Describe Equipment used in operations: \_\_\_\_\_

Cranes/Cherry pickers/lifts—Maximum height: \_\_\_\_\_

4. List three current or planned projects:

Customer Name and Project Description Cost of Project Duration of Project

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

**5. List five largest jobs in the last 3 years:**

| Customer Name and Project Description | Cost of Project | Duration of Project |
|---------------------------------------|-----------------|---------------------|
| a. _____                              | _____           | _____               |
| b. _____                              | _____           | _____               |
| c. _____                              | _____           | _____               |
| d. _____                              | _____           | _____               |
| e. _____                              | _____           | _____               |

**6. Do you work or have you worked on any of the following (check where applicable):**

|                               |                          |  |                          |   |                          |                                     |                          |
|-------------------------------|--------------------------|--|--------------------------|---|--------------------------|-------------------------------------|--------------------------|
| Airports                      | <input type="checkbox"/> | Earthquake Retrofitting or Reinforcing | <input type="checkbox"/> | Marinas                                 | <input type="checkbox"/> | Residential Home (New Construction) | <input type="checkbox"/> |
| Ammonia Refrigeration Systems | <input type="checkbox"/> | Electrical Fence                       | <input type="checkbox"/> | Maritime USLH                           | <input type="checkbox"/> | Roofing                             | <input type="checkbox"/> |
| Asbestos Removal              | <input type="checkbox"/> | Excavating                             | <input type="checkbox"/> | Mining                                  | <input type="checkbox"/> | Sand/Gravel                         | <input type="checkbox"/> |
| Automatic or Power Doors      | <input type="checkbox"/> | Farm Equipment Repair                  | <input type="checkbox"/> | Mold and Spore Treatment or Remediation | <input type="checkbox"/> | Sand Blasting                       | <input type="checkbox"/> |
| Blasting                      | <input type="checkbox"/> | Fire and Water Restoration             | <input type="checkbox"/> | Oil and Gas Fields                      | <input type="checkbox"/> | Soil Testing                        | <input type="checkbox"/> |
| Boilers                       | <input type="checkbox"/> | Framing (Residential)                  | <input type="checkbox"/> | Over the Hole                           | <input type="checkbox"/> | Soil Stabilization                  | <input type="checkbox"/> |
| Bridge Work                   | <input type="checkbox"/> | Foundations                            | <input type="checkbox"/> | Petrochemical Plants                    | <input type="checkbox"/> | Surveying                           | <input type="checkbox"/> |
| Conveyers                     | <input type="checkbox"/> | Grain Elevators                        | <input type="checkbox"/> | Pile Driving                            | <input type="checkbox"/> | Synthetic Stucco                    | <input type="checkbox"/> |
| Cranes                        | <input type="checkbox"/> | Hazardous Waste                        | <input type="checkbox"/> | Prisons                                 | <input type="checkbox"/> | Trailer Hitches                     | <input type="checkbox"/> |
| Demolition                    | <input type="checkbox"/> | Home Inspections                       | <input type="checkbox"/> | Railroads                               | <input type="checkbox"/> | Underpinning                        | <input type="checkbox"/> |
| Design                        | <input type="checkbox"/> | LPG                                    | <input type="checkbox"/> | Refineries                              | <input type="checkbox"/> | Waterproofing                       | <input type="checkbox"/> |
| Drilling                      | <input type="checkbox"/> |  |                          |   |                          |                                     |                          |

Any work on hillsides/slopes (over 15% grades)? .....  Yes  No

If yes, percentage of operations: ..... %

Any work at landfills? .....  Yes  No

If yes, percentage of operations: ..... %

Other: \_\_\_\_\_

**7. List the subcontracted trades used and the percentage of total operations:**

Carpentry \_\_\_\_\_ % \_\_\_\_\_ / % \_\_\_\_\_ / % \_\_\_\_\_

Plumbing \_\_\_\_\_ % \_\_\_\_\_ / % \_\_\_\_\_ / % \_\_\_\_\_

Electrical \_\_\_\_\_ % \_\_\_\_\_ / % \_\_\_\_\_ / % \_\_\_\_\_

Heating/Air \_\_\_\_\_ % \_\_\_\_\_ / % \_\_\_\_\_ / % \_\_\_\_\_

**8. General Questions:**

a. Do you work on Townhouses, apartments or tracts?.....  Yes  No

b. Are you a contractor doing work on student housing, senior housing, assisted living facilities or retirement homes?.....  Yes  No

- c. Are you a custom home builder?.....  Yes  No
- d. Are you a contractor engaged in any structural work including grading and excavation?.....  Yes  No
- e. Are you a GC or developer performing new home construction or residential remodeling?.....  Yes  No
- f. Do you sell, install, service or repair alarm systems, automatic fire extinguisher systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems either commercial or residential?.....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- g. Will you or have you ever removed asbestos insulation or asbestos containing material, fungus, mold or install insulation materials? ..... Yes  No  
if yes, explain: \_\_\_\_\_
- h. Are you involved in the sale of any products?..... Yes  No  
If yes, explain: \_\_\_\_\_
- i. Do you perform work for any petroleum, industrial or chemical facilities?.....  Yes  No
- j. Have you had more than 2 claims in the past three years?.....  Yes  No
- k. Are you involved with tunneling?.....  Yes  No
- l. Are you involved with any exterior work over three stories?.....  Yes  No
- m. Have you personally or the business ever filed bankruptcy?.....  Yes  No
- n. Are you involved in any recreational or playground construction?.....  Yes  No
- o. Your Premises – explain what is stored there? \_\_\_\_\_  
\_\_\_\_\_
- p. Do you follow OSHA standards , have safety manuals in place and regular staff meetings?.....  Yes  No

**9. Liability Controls:**

- a. Do you use a written contract with customers?.....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- b. Do you use a written contract with subcontractors?.....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- c. Do your contracts contain a hold harmless agreement in your favor? .....  Yes  No
- d. Do you obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum Limits Required: \_\_\_\_\_
- e. Are you added as additional insured on the subcontractors' liability policies? .....  Yes  No
- f. Do you have Workers' Compensation coverage in force? .....  Yes  No

g. Do you provide architectural or engineering design services? .....  Yes  No

If yes, explain: \_\_\_\_\_

Do you carry Errors & Omissions coverage for these services? .....  Yes  No

h. Are you a contraction/project manager or consultant? .....  Yes  No

i. Have you been involved in any claims involving construction defects? .....  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

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.

NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

**Name and Phone Number of person to contact for inspection and/or premium audit purposes:**

\_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS—EVEN IF THEY DO NOT APPLY**



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