



# Artisan & General Contractor's Supplemental Liability Application

Answers to questions on this application have been populated by the online questionnaire completed by the agent. The original document and signature is retained.

Named Insured _____	Agency Name _____
Mailing Address _____	Producer Name _____
(City) (State) (Zip)	Address _____
Phone _____ Email _____	(City) (State) (Zip)
Applicant Contact _____	Phone _____ Email _____
Applicant Website _____	Eff. Date _____ Exp. Date _____
	GL Target Premium \$ _____

Year Business Founded \_\_\_\_\_ Years of experience in trade \_\_\_\_\_ Business Structure \_\_\_\_\_

Licensed? \_\_\_\_\_ Kind of License and Number: \_\_\_\_\_ Year License Issued \_\_\_\_\_

No. of Active Owners & Officers \_\_\_\_\_ No. of Employees \_\_\_\_\_ All states you do business: \_\_\_\_\_

Is applicant a subsidiary or parent of another company? \_\_\_\_\_ Own more than 50% of another business? \_\_\_\_\_

*Explain any other current ownership:*

List other businesses owned or affiliated in any way with persons or entities named in the application within the last 10 years.

Is applicant or member of any local, regional or national trade associations? \_\_\_\_\_

Does applicant hold any certifications, degrees, or continuing education credits? \_\_\_\_\_

Describe all your operations in detail:

**Provide the Percentage (%) of Your Gross Receipts in Each of the Following Roles**

% as General Contractor _____ %	% as Sub/Artisan _____ %	% as Owner/Builder _____ %
% as Developer _____ %	% as Construction Mgr _____ %	% as Consultant _____ %

*If operating as a General Contractor, describe supervisory and oversight:*

**Estimated Payroll and Costs - Next 12 Months**

		<b>TOTALS</b>	
Labor or Trade-Related W2 Employee Payroll	→	\$ _____	<b>TOTAL PAYROLL</b>
Total INSURED Subcontractor Costs	\$	}	
Total UNINSURED Sub or 1099 Employee Costs	\$		
Gross Receipts/Gross Sales	→	\$ _____	<b>TOTAL RECEIPTS</b>

Describe your LARGEST PROJECTS that you have performed during the past five years, including cost:

Provide the dollar value of an average completed job (including all materials, equipment, and labor): \$ \_\_\_\_\_

Is current GL coverage in place? \_\_\_\_\_ Last date coverage was in effect: \_\_\_\_\_

Explain any lapse in coverage \_\_\_\_\_

Current carrier and annual premium? \_\_\_\_\_



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## SCOPE OF WORK - Number of Residential/Commercial Projects

Total # of Residential Jobs - Last 12 months \_\_\_\_\_ # of Res. Jobs in a New Tract Develop. - Last 12 mo. \_\_\_\_\_ # Commercial Jobs- Last 12 months \_\_\_\_\_

Total # of Residential Jobs - Next 12 months \_\_\_\_\_ # of Res. Jobs in a New Tract Develop. - Next 12 mo. \_\_\_\_\_ # Commercial Jobs- Next 12 months \_\_\_\_\_

Anticipated Number of Ground-Up New Construction Projects - Next 12 months \_\_\_\_\_

Have you ever been involved as a General Contractor in the building of Residential Homes, Condos, Townhouses or Apartment Buildings \_\_\_\_\_

If yes, max. # of each built in any 12-mo. period last 5 years \_\_\_\_\_

Do you own any Vacant or Real Estate Development Land? \_\_\_\_\_  
Please describe location, zoning type and intended purpose of vacant land:

## SCOPE OF WORK - Build, Remodel, Repair Scopes (Percentage of Work Performed)

% New Construction \_\_\_\_\_ % Structural Remodeling \_\_\_\_\_ % Non-Structural Remodeling \_\_\_\_\_

% Repair or Service \_\_\_\_\_ % Other Work \_\_\_\_\_ Describe "Other" Below

## SCOPE OF WORK - Residential/Commercial/Industrial Percentages (Percentage of Gross Annual Receipts)

% Residential Projects \_\_\_\_\_ % Commercial Projects \_\_\_\_\_ % Industrial Projects \_\_\_\_\_

% Municipalities Projects \_\_\_\_\_ % Petro/Chemical Projects \_\_\_\_\_ % Airports or Hospital \_\_\_\_\_

Please provide examples of commercial clients \_\_\_\_\_

Please provide examples of industrial clients \_\_\_\_\_

Please describe work done for municipalities and government entities \_\_\_\_\_

## SCOPE OF WORK - Inside/Outside

% Interior Work \_\_\_\_\_ % Exterior Work \_\_\_\_\_

Any exterior work performed above 3 stories in height? \_\_\_\_\_ If yes, maximum # of stories? \_\_\_\_\_

Do you lease any equipment with or without operators? \_\_\_\_\_ If yes, explain use of leased equipment below:

Are cranes used by either you, your employees or your subcontractors? \_\_\_\_\_

Is scaffolding used by either you, your employees or your subcontractors? \_\_\_\_\_

Any work performed below grade? \_\_\_\_\_ Maximum Depth \_\_\_\_\_ % of total work \_\_\_\_\_



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## CRITICAL OPERATIONS, INDUSTRIES AND HAZARDS Performed by Applicant or Subcontractor S

### Y N Critical Contractor Operations

<input type="checkbox"/>	<input type="checkbox"/>	Blasting/Explosives
<input type="checkbox"/>	<input type="checkbox"/>	Alarm system monitoring
<input type="checkbox"/>	<input type="checkbox"/>	Boiler Installation or repair
<input type="checkbox"/>	<input type="checkbox"/>	Concrete tilt-up construction
<input type="checkbox"/>	<input type="checkbox"/>	Demolition/Wrecking
<input type="checkbox"/>	<input type="checkbox"/>	Drilling
<input type="checkbox"/>	<input type="checkbox"/>	Earthquake Building Repair
<input type="checkbox"/>	<input type="checkbox"/>	Elevator/Escalator Work
<input type="checkbox"/>	<input type="checkbox"/>	Fire proofing/Fire sprinkler work
<input type="checkbox"/>	<input type="checkbox"/>	Hot tar/torch work on roofing
<input type="checkbox"/>	<input type="checkbox"/>	Process piping
<input type="checkbox"/>	<input type="checkbox"/>	Security/Patrol contractors
<input type="checkbox"/>	<input type="checkbox"/>	Seismic Retro-Fitting
<input type="checkbox"/>	<input type="checkbox"/>	Snow removal contractors
<input type="checkbox"/>	<input type="checkbox"/>	Any work in a Tract Home Development
<input type="checkbox"/>	<input type="checkbox"/>	GC work in new apt, condo, townhouse developments
<input type="checkbox"/>	<input type="checkbox"/>	Any work under a Wrap-up

### Y N Critical Utility and Transportation Work

<input type="checkbox"/>	<input type="checkbox"/>	Airport tarmac or strip work
<input type="checkbox"/>	<input type="checkbox"/>	Bridge and/or overpass construction
<input type="checkbox"/>	<input type="checkbox"/>	Caisson and Railroad work
<input type="checkbox"/>	<input type="checkbox"/>	Dam or reservoir construction
<input type="checkbox"/>	<input type="checkbox"/>	Gas line, main or pump work
<input type="checkbox"/>	<input type="checkbox"/>	Road construction or reconstruction <i>(Not including paving or repaving)</i>
<input type="checkbox"/>	<input type="checkbox"/>	Railroad work
<input type="checkbox"/>	<input type="checkbox"/>	Dam or reservoir work
<input type="checkbox"/>	<input type="checkbox"/>	Traffic control construction
<input type="checkbox"/>	<input type="checkbox"/>	Underground tank work (other than septic)
<input type="checkbox"/>	<input type="checkbox"/>	Water or wastewater mains or pumps

### Y N Critical Industries

<input type="checkbox"/>	<input type="checkbox"/>	Aerospace
<input type="checkbox"/>	<input type="checkbox"/>	Nuclear
<input type="checkbox"/>	<input type="checkbox"/>	Medical/Hospital
<input type="checkbox"/>	<input type="checkbox"/>	Chemical
<input type="checkbox"/>	<input type="checkbox"/>	Mining, marine, automotive industries
<input type="checkbox"/>	<input type="checkbox"/>	Oil refinery or pipeline work

### Y N Environmental Hazards

<input type="checkbox"/>	<input type="checkbox"/>	Crop Spraying
<input type="checkbox"/>	<input type="checkbox"/>	EIFS
<input type="checkbox"/>	<input type="checkbox"/>	Hazardous material or mold remediation
<input type="checkbox"/>	<input type="checkbox"/>	Lead abatement or paint removal
<input type="checkbox"/>	<input type="checkbox"/>	Asbestos abatement
<input type="checkbox"/>	<input type="checkbox"/>	Salvage operations

Explain: Contractor Ops \_\_\_\_\_  
 Explain: Critical Industries \_\_\_\_\_  
 Explain: Utility/Transport \_\_\_\_\_  
 Explain: Environmental \_\_\_\_\_

## ALL TRADES and/or OPERATIONS Performed by Insured and Subcontractors

Description	% by "You"	% by "Subs"	% of Revenue	Revenue Allocation
<b>PRIMARY Trade/Op:</b> _____	%	%	%	\$ _____
Trade/Operation #2: _____	%	%	%	\$ _____
Trade/Operation #3: _____	%	%	%	\$ _____
Trade/Operation #4: _____	%	%	%	\$ _____
Trade/Operation #5: _____	%	%	%	\$ _____
Trade/Operation #6: _____	%	%	%	\$ _____
Trade/Operation #7: _____	%	%	%	\$ _____
Trade/Operation #8: _____	%	%	%	\$ _____
Trade/Operation #9: _____	%	%	%	\$ _____
Trade/Operation #10: _____	%	%	%	\$ _____



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## SUBCONTRACTORS (If applicable)

Are subcontractors allowed to work without providing you with a certificate of insurance? \_\_\_\_\_  
Please elaborate the frequency, work done, and conditions under which uninsured subs are hired. \_\_\_\_\_

Are certificates of insurance obtained from subcontractors? \_\_\_\_\_

Are written contracts obtained from all subcontractors? \_\_\_\_\_

Do written contracts include a hold harmless clause in your favor? \_\_\_\_\_

Do you require a minimum of \$1M per occurrence? \_\_\_\_\_  
If no, explain when not required \_\_\_\_\_

Are you named as an additional insured on all subcontractors' policies? \_\_\_\_\_

Do you normally use the same subcontractors? \_\_\_\_\_

## ADDITIONAL UNDERWRITING QUESTIONS

Are any additional insureds to be added to your policy? \_\_\_\_\_  
Please explain who you provide additional insured status to: \_\_\_\_\_

Do you have a formal safety program in operation? \_\_\_\_\_  
Please explain safety program or provide a copy. \_\_\_\_\_

Have you ever done any work in AZ, CA, CO, NV, OR, TX or WA? \_\_\_\_\_  
Years worked there and type of work done: \_\_\_\_\_

Do you hold other person's property for service, storage, or repair? \_\_\_\_\_

Does applicant have Workers' Compensation coverage in force? \_\_\_\_\_

Does applicant lease employees to or from other employers? \_\_\_\_\_

During the past three years has any company ever canceled, non-renewed, declined or refused to issue similar insurance to the applicant? \_\_\_\_\_  
Explain any cancellation, nonrenewal, declination or refusal to issue similar insurance: \_\_\_\_\_

## LOSS INFORMATION

Any losses in last 3 years? \_\_\_\_\_

If yes, please describe loss, including amount of claim.  
\* Provide steps taken to prevent future losses.  
\* Hard copy loss runs MUST be uploaded with submission. \_\_\_\_\_

Have you ever had a Construction Defect loss/claim, been named in litigation alleging faulty construction, construction defects or mold, or been involved in a class action Construction Defect suit? \_\_\_\_\_

Have any events occurred prior to the proposed effective date that may result in a claim? \_\_\_\_\_  
Please explain any Construction Defect loss or claim: \_\_\_\_\_

Describe any events prior to the proposed effective date that may result in a claim.  
\_\_\_\_\_



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### PRIOR YEARS (If applicable)

Year	Payroll	Receipts	Contractor Costs
5th prior year	\$	\$	\$
4th prior year	\$	\$	\$
3rd prior year	\$	\$	\$
2nd prior year	\$	\$	\$
Last year	\$	\$	\$
Projected next 12 months	\$	\$	\$

### FRAUD STATEMENTS

**Applicable in AL, AR, DC, LA, MD, NM, RI and WV**

Any person who knowingly (or willfully)\* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)\* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. \*Applies in MD Only.

**Applicable in CO**

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.

**Applicable in FL and OK**

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)\*. \*Applies in FL Only.

**Applicable in KS**

Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**Applicable in KY, NY, OH and PA**

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 (not to exceed five thousand dollars and the stated value of the claim for each such violation)\*. \*Applies in NY Only.

**Applicable in ME, TN, VA and WA**

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 and denial of insurance benefits. \*Applies in ME Only.

**Applicable in NJ**

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

**Applicable in OR**

Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date