



## General Liability Supplemental Application For Artisan Contractors

(Complete in addition to ACORD)

1. Business Name: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_
2. Year(s) in business under this name: \_\_\_\_\_
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site?  Yes  No
5. Percentage of work as an Artisan contractor? \_\_\_\_\_%
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) \_\_\_\_\_%
7. Gross sales for prior policy period: \$ \_\_\_\_\_
8. Gross sales anticipated for this policy period: \$ \_\_\_\_\_
9. Number of active owners and their classification(s) or trade(s): \_\_\_\_\_

10. Number of employees in your specialized classes or trades (other than owners and clerical):

Classification or Trade	# of Employees (Other Than Owners)		Payroll
a. _____	_____	\$	_____
b. _____	_____	\$	_____
c. _____	_____	\$	_____
d. _____	_____	\$	_____
e. _____	_____	\$	_____

11. Do you use any subcontractors?  Yes  No **(If yes, complete questions 12, 13, and 14.)**
12. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors?  Yes  No  
Provide a list of major subcontractors used. (Attach page if more space is needed.) \_\_\_\_\_

14. Do **all** subs provide Certificates of Insurance?  Yes  No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
Is the applicant an Additional Insured on all subcontractor's policies?  Yes  No  
Do all subcontractors "Hold you harmless"?  Yes  No  
Does the applicant keep copies of all certificates?  Yes  No  
How long are they kept? \_\_\_\_\_  
Explain any "No" responses to question 14: \_\_\_\_\_

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).

15. Do you own any real estate development property?  Yes  No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
16. Show percent of work performed in: **(Reading across, each line – a, b & c – should total 100%)**

a. _____	New Construction	_____	Remodeling	_____	Demolition	_____	Repair	_____	=100%
b. _____	Commercial	_____	Industrial	_____	Residential	_____	Institutional	_____	=100%
c. _____	Rural	_____	Suburbs	_____	Urban	_____			=100%

17. Have you worked on any new condominiums, town houses, or tract homes in the past five years?  Yes  No  
If yes, specify year(s), number(s), location(s) and job description(s): \_\_\_\_\_
- 
18. Do you plan on working or are you working on any new condominiums, town houses, or tract homes?  Yes  No  
If yes, specify number(s), location(s) and job description(s): \_\_\_\_\_
- 
19. Area of Operations (county/state): \_\_\_\_\_
20. Have you worked in any of the following states?  Yes  No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
- 
21. Do you plan on working in or are you working in any of the following states?  Yes  No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
- 
22. Have you worked in the State of New York in the past five years?  Yes  No
23. Are you currently working or would you consider working in the state of New York?  Yes  No  
If yes, please provide details on the job or jobs: \_\_\_\_\_
- 
24. Do you frame residential dwellings?  Yes  No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
25. Do you do any foundation work?  Yes  No
26. Do you do roofing?  Yes  No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing?  Yes  No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
27. Do you use or have you used synthetic stucco (EIFS)?  Yes  No
28. Do you do any lead, asbestos, mold or radon removal or remediation?  Yes  No
29. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging?  Yes  No
30. Describe the typical project your company is involved in: \_\_\_\_\_
- 
31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act?  Yes  No  
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.  
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- a. Are you an EPA Certified Renovator?  Yes  No
- b. Check a limit of insurance:
- \$100,000 Claims Made (defense cost in addition to limit)
- \$250,000 Claims Made (defense cost in addition to limit)

31. c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to?  Yes  No

**Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.**

**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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

---

Applicant's Signature

---

Date

---

Title

---

Producing Agent