

ARTISAN / SERVICE CONTRACTORS SUPPLEMENT

(Include Acord Application)

Applicant/Named Insured: _____
 Mailing Address: _____
 Location Address: _____
 Website Address: _____ Phone: _____ Fax: _____
 Policy Number: _____

Provide details of all your operations: _____

1. List states applicant will be operating in: _____
2. Years in business at current location: _____ Years of experience in field: _____
3. Number of owners/partners: _____ Payroll: _____ Number of trade employees: _____
4. Operations: (Attach separate schedule to list additional classes/trades)

Class/Trade	Cost / Payroll	Subcontractor Cost / Payroll	Work Type Percentage *
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____
		Uninsured Subs: _____ Insured Subs: _____	RN %: _____ CT %: _____ RR %: _____ A %: _____

* Work Type: **RN = Residential New** **CT = Condo / Townhome**
RR = Residential / Remodel **A = Apartment**

5. Receipts / Sales: Current Year: _____ Previous Year: _____
6. Describe equipment used in operations: _____

- a. Maximum height of cherry pickers/lifts: _____
- b. Do you use cranes with booms more than 100 feet or lifting capacity over 25 tons? Yes No

7. List three current or planned projects:

Customer Name & Project Description	Project Cost	Duration of Project

8. List three largest projects in last three years:

Customer Name & Project Description	Project Cost	Duration of Project

9. List all subcontracted trades and provide the cost of each:

Trade	Cost	Trade	Cost	Trade	Cost	Trade	Cost
Carpentry		Plumbing		Electrical		HVAC	

10. Liability Controls

a. Do you always use a written contract with customers? Yes No
 If no, explain when not required: _____

b. Do you always 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 an additional insured on the subcontractors' policies? Yes No

f. Do you have Worker's Compensation coverage in force? Yes No

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

h. Have you been involved in any claims, including construction defect? Yes No
 If yes, explain: _____

i. Any floor waxing in retail stores? Yes No
 If yes, provide percentage: _____%

j. Any type of roofing work? Yes No

k. Any spraying methods used? Yes No

l. Do you do any work over 3 stories? Yes No

m. Do you do any government contract work? Yes No

n. Do you do any work in tract developments (26 units or more)? Yes No
 If yes, provide brief description of work performed: _____

o. Do you do any oil field work? Yes No

p. Do you do any foundation or footing construction / repair? Yes No

q. Do you do any conversion of:
 (1) Commercial buildings to condominiums? Yes No
 (2) Apartment buildings to condominiums? Yes No

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

NOTICE TO APPLICANTS (EXCEPT CO & NY):

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines or confinement in prison.

NOTICE TO COLORADO APPLICANTS:

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 claiming with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO NEW YORK APPLICANTS:

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 shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant Name

Applicant Signature

Date

Producer Name

Producer Signature

Date