

Artisan, Remodeling, and General Contractors Supplemental Application

Please answer all questions. Submit this questionnaire with a completed ACORD application and prior carrier loss runs.

Named Insured: _____

Website: _____

GENERAL INFORMATION

1. Years in Business: _____ Years of Experience in Field: _____
2. License Number: _____ License Class: _____ Year Issued: _____
3. List all states where you operate. _____
4. Have you ever operated in any other state? Please list. _____ Yes No
5. Provide a description of your contracting operations.

6. Indicate your percentage of work
General Contractor: _____ % Subcontractor: _____ % Artisan: _____ %
(Construction Manager) (hired by another contractor)
7. Do you do any project or construction management consulting? Yes No
8. Do you do any new construction (i.e. construction prior to the issuance of the Certificate of Occupancy)? Yes No
9. Have you ever operated or been licensed under a different name? Yes No

If yes, list the name(s), type of work, and explain reason for change.

10. Do you ever allow your license to be used to obtain permits where you provide no jobsite supervision? Yes No
11. Do you have any past or pending Construction Defect claims (e.g. claims alleging faulty design or defective workmanship)? Yes No
12. Do you have a formal safety program in operation? Yes No
13. Inspection and Premium Audit contact and phone number: _____

EXPOSURE

1. Provide your estimated annual gross sales for the next 12 months. \$ _____
2. Provide annual gross sales for previous years.
1st Prior Year: \$ _____ 2nd Prior Year: \$ _____ 3rd Prior Year: \$ _____
3. Number of Active Owners: _____ Owner Payroll: \$ _____
Owners' Trades: _____
4. Number of Employees: _____ Total Employee Payroll: \$ _____
(not including owners) (not including owners)

5. Provide estimated subcontractor costs for the next 12 months. \$ _____
6. Indicate estimated payroll/cost for each type of construction work to be performed in the next 12 months:

Trade	Employees (do not include owners)		Subcontractors
	Number	Payroll	Cost
Executive Supervisor		\$	\$
Carpentry – interior only		\$	\$
Carpentry – all other		\$	\$
Plumbing		\$	\$
Electrical		\$	\$
HVAC		\$	\$
Drywall or Wallboard Installation		\$	\$
Floor covering		\$	\$
Painting – interior		\$	\$
Painting – exterior		\$	\$
Tile, Stone, Marble, Mosaic or Terrazzo Work - interior construction		\$	\$
Siding installation		\$	\$
Masonry		\$	\$
Roofing		\$	\$
Other:		\$	\$
Other:		\$	\$
Other:		\$	\$

OPERATIONS

1. Indicate percentage of operations.

	New	Remodel	Service or Repair	Demolition	Other	Total
Residential	____%	____%	____%	____%	____%	____%
Commercial	____%	____%	____%	____%	____%	____%
Other	____%	____%	____%	____%	____%	____%
Total	____%	____%	____%	____%	____%	= 100%
Provide details of any operations under "other".						

2. List your largest jobs in the past 5 years:

Project Location	Date Completed	Project Description	Job Cost

3. Any past, present, or future work as a general contractor where you began mid-project on a job that had been abandoned by another general contractor? Yes No
4. How many new homes do you plan to supervise the building of in the next 12 months? _____
 a. How many new homes have you supervised the building of in the past 3 years? _____
5. Any past, present, or future condominium or townhouse work? If yes, provide details. Yes No

6. Any past, present, or future
- a. Work involving agricultural or industrial construction? Yes No
 - b. Involvement in airport projects, landfill projects, or oil fields? Yes No
 - c. Involvement in right-of-way related work? Yes No
 - d. Abatement, removal, or remediation of asbestos, lead, mold, or radon? Yes No
 - e. Environmental work, pollution testing or clean-up? Yes No
 - f. Construction of over 15 homes/units in a single development? Yes No
 - g. Synthetic stucco (EIFS) work? Yes No
 - h. Wood stove installation, service, or repair? Yes No
 - i. Public street or road construction, reconstruction, paving, surfacing, or scraping? Yes No
 - j. Flood damage remediation, fire damage restoration, or fireproofing? Yes No
7. If you do framing, how many new homes do you plan to frame in the next 12 months? _____
 a. How many new homes have you framed in the past 3 years? _____
8. If digging or excavating, do you contact utilities, use "dig safe" or a similar service" prior to breaking ground? N/A Yes No
9. Do you do any kind of blasting? Yes No
10. Any past, present, or future foundation work? Yes No
 a. Any past, present, or future underpinning? Yes No
11. Do you do any blow-in/spray foam insulation? Yes No
12. Do you do any exterior spray painting? Yes No
13. Do you do any exterior work over 3 stories high? Yes No

If yes, provide maximum height, details of work, and locations.

14. Do you do any building structure raising or moving? Yes No

If yes, provide proof of Commercial Auto coverage and specific job details.

15. Any past, present, or future building on hillsides, slopes, landfills, or other terrain susceptible to subsidence? Yes No

16. Do you loan, rent, or lease any equipment to others? Describe equipment. Yes No

SUBCONTRACTORS

N/A

Please provide a copy of your standard subcontractor agreement.

1. Indicate estimated annual subcontractor costs for the next 12 months by project type.
 Apartment or Office buildings over 4 stories: \$ _____ All other: \$ _____
 One or two family dwellings: \$ _____

2. Do you use any uninsured subcontractors? If yes, detail work they perform. Yes No

3. Do you require Commercial General Liability certificates of insurance from all subcontractors prior to them beginning work? Yes No

a. What minimum limits do you require? _____

- b. Are all subcontractors required to name you as an Additional Insured? Yes No
- c. How long do you keep subcontractors' certificates of insurance on file? _____
4. Are all subcontractors required sign a written agreement that includes a hold harmless agreement in your favor prior to them beginning work? Yes No

OWNED REAL ESTATE

N/A

1. Do you own any buildings under renovation? Yes No
 If multiple buildings, please attach information from a.– f. for each building.
- a. Address: _____
- b. Purchase Date: _____ Purchase Price: \$ _____
- c. Prior Use: _____ Future Use: _____
- d. Description of Project:

- e. Estimated Completion Date: _____ Estimated Project Cost: \$ _____
- f. Sq. Ft. of Existing Building: _____ Sq. Ft. of Additions: _____
- g. Are any of the buildings condemned? Yes No
- h. Are any of the buildings fire damaged? Yes No
- i. Are any parts of the buildings occupied? Yes No
- j. Does work on any building include asbestos abatement or any other pollution or environmental hazards? Yes No
2. Do you own any real estate development property? Yes No
- a. Location address and Lot Numbers:
 Zoning Class: _____ Number of Lots: _____ Number of Acres: _____
3. Do you own any lots within a development that you do not own (i.e., the raw land was purchased and developed by another party)? If yes, provide details including number of lots. Yes No

IMPORTANT NOTICE

I DECLARE THAT THE STATEMENTS MADE IN THIS SUPPLEMENTAL APPLICATION ARE COMPLETE AND TRUE TO THE BEST OF MY KNOWLEDGE AFTER REASONABLE INQUIRY AND ARE MADE PART OF ALL APPLICABLE APPLICATIONS FOR INSURANCE.

Any person who knowingly and with intent to defraud any insurance company or another person submits an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information containing any material fact thereto, commits a fraudulent act that is subject to criminal and substantial civil penalties. **I agree that any intentional concealment or misrepresentation of a material fact concerning this insurance or the subject thereof may void any policy issued. I HAVE READ AND UNDERSTAND THE FRAUD WARNINGS CONTAINED IN ALL APPLICATIONS.**

(As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.)

 Applicant Signature Title Date

 Producer Signature Date