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ARTISAN CONTRACTOR RENEWAL APPLICATION

Please complete this application in entirety. To use this form, you may mouse click on or select a field and move between fields using the tab key.

INSTRUCTIONS TO THE APPLICANT:

- You must answer all questions on this application.
- The information is required to make an underwriting and pricing evaluation. Your answers are considered legally material to that evaluation.
- If a question is not applicable, state "N/A"—if more space is required to answer a question, continue on your letterhead.

I. GENERAL INFORMATION

1.	Insured Name:			
2.	Expiring Policy Number:		Policy Period:	
3.	Number of Owners:		Number of Employees (including leased) in the below classes:	
	Field Supervisors:		Trades:	
			Laborers:	
			Clean-up:	
4.	ISO Classification Code		Payroll	
	a.		d.	
	b.		e.	
	c.		f.	

II. SUBCONTRACTOR INFORMATION

1.	If the applicant uses sub-contractors, please answer questions below. (If no SUBCONTRACTED WORK, skip this section).			
a.	Annual subcontractors cost:	\$	(Include cost of labor, materials, and equipment furnished.)	
b.	Are certificates of insurance obtained prior to subcontractors starting work?		<input type="radio"/> Yes	<input type="radio"/> No
c.	Are you named as an Additional Insured on the subcontractor's policy?		<input type="radio"/> Yes	<input type="radio"/> No

III. OPERATIONS INFORMATION

1.	Gross sales expected during coming policy period:	\$		
2.	Number of residential homes to be constructed over the next year?			
3.	Any tract homes (more than <u>14 units</u>), townhomes, or condominiums to be built over the next year?		<input type="radio"/> Yes	<input type="radio"/> No
	If YES, please describe below.			
4.	Describe jobs in progress:			
5.	Changes in operations and/or exposures:			
6.	Any changes in Loss History during the past <u>five</u> (5) years, if YES, please describe below.		<input type="radio"/> Yes	<input type="radio"/> No

IV. FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

Insured's Signature

Date

Title

