



ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

APPLICANT'S NAME: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address of primary contact: _____

Website address: _____

Audit contact name: _____ Phone number: _____

Years in business: _____

Years of experience in this field: _____

List all states where work is performed: _____

PROGRAM ELIGIBILITY – ALL CLASSIFICATIONS

Are functioning and operational fire extinguishers readily available? Yes No

Are wood-burning stoves, space heaters or temporary heating devices used as the primary heat sources? Yes No

Is any location, currently or in future, under construction or renovation? Yes No

Has any policy or coverage been declined, cancelled or non-renewed during the prior three (3) years for any premises or operations? Yes No

Does the applicant own or operate any other businesses? Yes* No
*If marked yes, please provide details _____

*If marked yes, does the business have coverage placed elsewhere? Yes No

UNDERWRITING ELIGIBILITY – ALL CLASSIFICATIONS

Does the applicant have any current, prior or planned involvement in projects (in any capacity) for the construction of new apartments, condominiums, townhouses or tract homes (more than 15 units at any one location)? Yes No

Has the applicant had any past allegations or claims involving construction defect? Yes No

Has the applicant been in business for more than 12 months with no prior coverage? Yes No

Does the applicant rent or loan equipment to others? Yes No

Does the applicant have any exterior operations in excess of 4 stories or above 50 feet from ground level? Yes No

Does the applicant have any operations involving rigging work or the use of cranes? Yes No

Does the applicant have any operations involving installation of overhead doors (e.g. garage doors)? Yes No

Does the applicant have any operations involving fire suppression, sprinkler, alarm monitoring or security system installation, service, maintenance or repair work? Yes No

Does the applicant have any operations involving insurance claim response, water removal/extraction, mold remediation, pollution, fire/soot, asbestos abatement or any other type of property damage remediation? Yes No

Does the applicant have operations involving medical facilities (Other than doctor's office), surgical facilities, nursing homes or assisted living facilities during applicant's time in business or planned for our policy term? Yes No

Does the applicant have any operations involving airports, government facilities, highway or utility right or way maintenance? Yes No

Does the applicant have any operations involving boiler systems installation, service or repair work? Yes No

- Does the applicant have any operations involving concrete or cement work including, but not limited to, foundations or chimneys? Yes No
- Does the applicant have any operations involving waterproofing? Yes No
- Does the applicant have any operations involving swimming pool installation, service, maintenance or repair work? Yes No
- Does the applicant have any operations involving demolition work (except incidental non-load bearing interior work) Yes No
- Does the applicant have any operations involving roofing installation and/or repair work? Yes No
- Does the applicant have any operations involving EIFS (Synthetic stucco) application? Yes No
- Does the applicant have any operations involving grading of land, excavating, irrigation, or drilling services? Yes No
- Does the applicant provide services including painting, carpentry, plumbing or other handyman operations? Yes No
- Does the applicant have any operations involving wood floor sanding, stripping or refinishing? Yes No
- Does the applicant offer repair or refurbishing services? Yes No
- Does the applicant subcontract any work? Yes No
- *If marked yes, what is the subcontracted work percentage of gross sales? _____ Yes No
- *If marked yes, are certificates of insurance obtained prior to any subcontractor starting work that show a minimum of \$500,000/\$500,000 General Liability limits? Yes No
- *If marked yes, is the applicant named as additional insured on the subcontractor's General Liability policy? Yes No
- *If marked yes, does the applicant's written agreement with subcontractors contain indemnification and/or hold harmless wording? Yes No

JANITORIAL/RESIDENTIAL CLEANING/CARPET, FURNITURE, UPHOLSTERY CLEANING ONLY N/A

- Does the applicant perform residential cleaning work only? Yes No
- Does the applicant perform any work at mercantile locations when they are open for business? Yes No
- Does the applicant handle any infectious waste or hazardous material? Yes No
- Does the applicant perform any hood or duct cleaning? Yes No
- Does the applicant provide any ice or snow treatment/removal services? Yes No
- Do floor stripping and/or waxing operations account for 50% or more of annual revenue? Yes No
- Does the applicant perform any pressure washing and/or sandblasting? Yes No
- Does the applicant have any products sold under their name or label? Yes No
- Does the applicant perform any street cleaning or debris removal operations? Yes No
- Does the applicant perform any operations at locations other than residential, office or mercantile locations? Yes No

LANDSCAPING/LAWN CARE/FENCE ERECTION ONLY N/A

- Does the applicant have any exterior operations in excess of 1 story or above 15 feet from ground level (e.g. tree trimming or gutter cleaning)? Yes No
- Does the applicant provide any excavating or irrigation services including but not limited to sprinkler installation, service, maintenance or repair work or underground drainage systems? Yes No
- Does the applicant provide any ice or snow treatment/removal services? Yes No
- Does the applicant provide any erosion control services? Yes No
- Does the applicant provide any seasonal decoration installation? Yes No
- Does the applicant have any nursery operations? Yes No
- Does the applicant provide any installation or repair of gazebos, fences, retaining walls or decks? Yes No
- Any Debris removal operations? Yes No
- Does the applicant perform any fumigation, crop dusting or aerial spraying? Yes No

Does the applicant perform any street cleaning or debris removal operations? Yes No
Does the applicant provide any ice or snow treatment/removal services? Yes No

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Does the applicant provide any pressure washing and/or sandblasting? Yes No
Does the applicant have any products sold under their name or label? Yes No
Does the applicant perform any street cleaning or debris removal operations? Yes No
Does the applicant perform any operations at locations other than residential, office or mercantile locations? Yes No

CARPENTRY NOC/CARPENTRY SHOP ONLY N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No

COMMUNICATION EQUIPMENT INSTALLATION- COMMERCIAL- OFFICE ONLY/COMMUNICATION EQUIPMENT INSTALLATION –COMMERCIAL- OFFICE AND SHOP N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No
Does the applicant perform any hood or duct cleaning? Yes No

HEATING AND AIR CONDITIONING SYSTEMS INSTALLATION, SERVICE OR REPAIR N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No

MASONRY – OFFICE ONLY /MASONRY – OFFICE AND SHOP N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No

OFFICE MACHINES OR APPLIANCES – INSTALLATION, INSPECTION, ADJUSTMENT OR REPAIR N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No
Does the applicant perform any hood or duct cleaning? Yes No

SHEET METAL WORK – SHOP & OUTSIDE N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No

SIGN PAINTING OR LETTERING - EXTERIOR N/A

Does the applicant have any exterior operations in excess of 1 story or 15 feet above ground level? Yes No
Does the applicant provide any pressure washing and/or sandblasting services? Yes No