

**ARTISAN CONTRACTOR APPLICATION**

<b>PRODUCER:</b> InsuranceGuys Insurance Services PO Box 90359 Santa Barbara, CA 93190 California Insurance Lic. 0B53906	
DATE: _____	

PROPOSED EFFECTIVE DATE: _____ PROPOSED EXPIRATION DATE: _____	<b>BILLING PLAN:</b> <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> FINANCED
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**NAME (First Named Insured and Other Named Insureds):**

Social Security Number: \_\_\_\_\_

**MAILING ADDRESS (of First Named Insured):**

\_\_\_\_\_

<b>TYPE:</b> <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture	Year(s) in Business: _____ Years of Experience: _____
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<b>INSPECTION (Contact/Phone):</b> _____	<b>RADIUS OF OPERATIONS:</b> _____ Miles
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**PREMISES INFORMATION:**

#	Address	Interest	Year Built	Part Occupied
1				
2				
3				

**NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS:**

\_\_\_\_\_

**PREVIOUS INSURER (Indicate Premium & Losses for Past 3 Years):**

Year	Company	Policy #	Premium	# Claims	Pd Losses	Res Losses	Description
19__							
19__							
19__							

**LARGE LOSSES (Losses Over \$10,000):**

\_\_\_\_\_

**ANY SUITS UNDER BREACH OF WARRANTY (Claims or suits brought against you as result of any claimed defects by you or anyone acting on your Behalf)?**     No     Yes (If Yes, explain):

\_\_\_\_\_

COVERAGES	LIMITS												
Blanket Additional Insured (included at no additional charge)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">General Aggregate</td> <td style="width:20%; text-align:right;">\$ 00,000</td> </tr> <tr> <td>Products/Completed Operations Aggregate</td> <td style="text-align:right;">\$ 00,000</td> </tr> <tr> <td>Personal &amp; Advertising</td> <td style="text-align:right;">\$ 00,000</td> </tr> <tr> <td>Each Occurrence</td> <td style="text-align:right;">\$ 00,000</td> </tr> <tr> <td>Fire Damage (Any One Fire)</td> <td style="text-align:right;">\$ 00,000</td> </tr> <tr> <td>Medical Expense</td> <td style="text-align:right;">\$ 5,000</td> </tr> </table>	General Aggregate	\$ 00,000	Products/Completed Operations Aggregate	\$ 00,000	Personal & Advertising	\$ 00,000	Each Occurrence	\$ 00,000	Fire Damage (Any One Fire)	\$ 00,000	Medical Expense	\$ 5,000
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<input type="checkbox"/> Yes <input type="checkbox"/> No <b>Hired &amp; Non-Owner Auto</b>													

**DEDUCTIBLE:**    Per Claim Bodily Injury & Property Damage:     \$500     \$1,000     \$2,000     \$5,000

## ARTISAN CONTRACTOR APPLICATION (Pg. 2)

### SCHEDULE OF HAZARDS:

Classification:	Class Code:	Receipts:	Number of Employees (include Owner and any active Partners as fulltime employees):	
			Fulltime	Parttime

Past Three (3) Years:	Receipts:	Payroll:	Number of Employees:
20_____			
19_____			
19_____			

### CLASSES OF CONTRACTORS LICENSE(S) INSURED HOLDS:

Lic #:	Lic #:	Lic #:	Lic #:
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### GENERAL INFORMATION (Explain all "Yes" responses below.)

Yes	No	
		1. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?
		2. Any operations outside of contracting?
		3. Any policy or coverage declined, cancelled or not renewed during the past three (3) years?
		4. Has applicant ever been involved in another business venture?
		5. Does applicant sponsor any sporting or social event(s)?
		6. Does applicant own any (check appropriate boxes): <input type="checkbox"/> Real Property <input type="checkbox"/> Mobile Home <input type="checkbox"/> Land for Speculation <input type="checkbox"/> Other
		7. Does applicant have a Safety Program in place?
		8. Has applicant ever been denied a performance bond?
		9. Has a claim ever been filed with applicant's bonding company on a performance bond for applicant?

### GENERAL INFORMATION — Explanation of "Yes" Responses:

### INDICATE TYPE OF CONSTRUCTION WORK PERFORMED BY INSURED:

Carpentry	%	Maintenance	%	Sewer	%
Concrete	%	Masonry	%	Steel (Ornamental)	%
Drilling	%	Mechanical	%	Steel (Structure)	%
Electrical	%	Painting	%	Street/Road	%
Excavating	%	Plastering	%	Supervisory Only	%
Gas Mains	%	Plumbing	%	Tunneling	%
Insulation	%	Roofing	%	Other (describe)	%

## ARTISAN CONTRACTOR APPLICATION (Pg. 3)

INDICATE % OF WORK PERFORMED IN:

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Industrial	%	Outside Building	%
Demolition	%	Residential	%	Other:	%
Repair	%	Institutional	%		%

LIST ALL CURRENT/PAST PROJECTS FOR LAST 12 MONTHS (Include description of project and its cost):

UNDERWRITING INFORMATION (Explain all "Yes" responses below.)

Yes	No											
		1) Any exposure to flammables, explosives, and/or chemicals?										
		2) Any demolition?										
		3) Any catastrophe exposure?										
		4) Does operations involve storing, treating, discharging, applying or transporting of hazardous materials?										
		5) Has applicant ever been involved in multiple unit structures (including condos, townhouses, apartments)?										
		6) Has applicant ever acted as a subcontractor on tract home subdivisions?										
		7) Does owner supervise daily jobs or operations directly?										
		8) Does applicant lease equipment from others?										
		9) Is machinery or equipment loaned, rented or leased to others ( ___with/___without operator)?										
		10) Does applicant draw up plans, designs or specifications?										
		11) Does applicant perform work above two (2) stories?										
		12) Does applicant hold other people's property for service or repair?										
		13) Does applicant perform any work below grade (maximum depth = _____ feet)?										
		14) Does applicant always check with local utilities authority before digging?										
		15) Does applicant dig or grade next to existing foundations or other structures?										
		16) Does applicant do any tunneling or other underground work?										
		17) Does applicant do any spray painting?										
		18) Has the applicant done any roofing or any operations associated with roofing within the past three (3) years?										
		19) Has applicant performed other types of operations not associated with any aforementioned operations?										
		20) Does applicant repair swimming pools or install swimming pool accessories (diving boards, slides, etc.)?										
		21) Has the applicant ever worked on any of the following (check appropriate boxes): <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Railroads</td> <td><input type="checkbox"/> Septic Tanks</td> </tr> <tr> <td><input type="checkbox"/> Right of Ways</td> <td><input type="checkbox"/> Retaining Walls</td> </tr> <tr> <td><input type="checkbox"/> Irrigation Projects</td> <td><input type="checkbox"/> Sewer Mains</td> </tr> <tr> <td><input type="checkbox"/> Drainage Projects</td> <td><input type="checkbox"/> Flood Control</td> </tr> <tr> <td><input type="checkbox"/> Bridges</td> <td><input type="checkbox"/> Gas Lines</td> </tr> </table>	<input type="checkbox"/> Railroads	<input type="checkbox"/> Septic Tanks	<input type="checkbox"/> Right of Ways	<input type="checkbox"/> Retaining Walls	<input type="checkbox"/> Irrigation Projects	<input type="checkbox"/> Sewer Mains	<input type="checkbox"/> Drainage Projects	<input type="checkbox"/> Flood Control	<input type="checkbox"/> Bridges	<input type="checkbox"/> Gas Lines
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Explain all "Yes" Responses:

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**SUBCONTRACTOR EXPOSURE:**

Cost of All Subcontractor Work: \$ \_\_\_\_\_

List Subcontractor Trades Being Used and % of Each:

1)	%	5)	%
2)	%	6)	%
3)	%	7)	%
4)	%	8)	%

1) Does applicant require Certificates of Insurance from subcontractors?  Yes  No

2) What limits does applicant require subcontractors carry?

3) Does applicant require to be named on all subcontractors General Liability policies?  Yes  No

**HIRED AND NON-OWNED AUTOMOBILE**

Number of Drivers: \_\_\_\_\_

How often are drivers required to drive in any one week period? \_\_\_\_\_ Days

**PREMIUM CALCULATIONS:**

Class Description	Class Code	Limits	# Employees	Rate	Premium
			Full _____	X _____	= _____
			Part _____	X _____	= _____
			Blanket Additional Insured:		= _____
			Hired & Non-Owned Auto:		= _____
				Base Premium)	= _____
				Policy Fee	= \$175 / + \$50
				<b>ESTIMATED TOTAL DUE</b>	= _____

REMARKS:

**Does Applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? If yes, explain.**

Applicant's signature warrant authorization to request financial/TRW information on the insured and individual partners.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact thereto, commits a fraudulent insurance act, which is a crime. Any such fraudulent act will void the policy and result in denial of coverage.

<b>APPLICANT'S SIGNATURE:</b>	<b>DATE SIGNED:</b>	<b>PRODUCER'S SIGNATURE:</b>
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