

## Artisan Contractors Supplemental Application (Complete in addition to ACORD)

1. Business Name: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_  
Applicant's Contact Name: \_\_\_\_\_ Applicant's Contact Phone No.: \_\_\_\_\_  
Applicant's Contact Email Address: \_\_\_\_\_
2. Year(s) in business under this name: \_\_\_\_\_
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? ☐ Yes ☐ No
5. Percentage of work as an Artisan contractor? \_\_\_\_\_%
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) \_\_\_\_\_%
7. Gross sales for prior policy period: \$ \_\_\_\_\_
8. Gross sales anticipated for this policy period: \$ \_\_\_\_\_
9. Number of active owners and their classification(s) or trade(s): \_\_\_\_\_

10. Number of employees in your specialized classes or trades (other than owners and clerical):

Classification or Trade	# of Employees (Other Than Owners)	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

11. Do you use any subcontractors? ☐ Yes ☐ No **(If yes, complete questions 12, 13, and 14.)**
12. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors? ☐ Yes ☐ No  
Provide a list of major subcontractors used. (Attach page if more space is needed.) \_\_\_\_\_

14. Do **all** subs provide Certificates of Insurance? ☐ Yes ☐ No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
Is the applicant an Additional Insured on all subcontractor's policies? ☐ Yes ☐ No  
Do all subcontractors "Hold you harmless"? ☐ Yes ☐ No  
Does the applicant keep copies of all certificates? ☐ Yes ☐ No  
How long are they kept? \_\_\_\_\_  
Explain any "No" responses to question 14: \_\_\_\_\_

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).

15. Do you own any real estate development property? ☐ Yes ☐ No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
16. Show percent of work performed in: **(Reading across, each line – a, b & c – should total 100%)**

a. _____	New Construction	_____	Remodeling	_____	Demolition	_____	Repair	=100%
b. _____	Commercial	_____	Industrial	_____	Residential	_____	Institutional	=100%
c. _____	Rural	_____	Suburbs	_____	Urban	_____		=100%

17. Have you worked on any new apartments, condominiums, town houses, or tract homes in the past five years? ☐ Yes ☐ No  
If yes, specify year(s), number(s), location(s) and job description(s): \_\_\_\_\_
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18. Do you plan on working or are you working on any new apartments, condominiums, town houses, or tract homes? ☐ Yes ☐ No  
If yes, specify number(s), location(s) and job description(s): \_\_\_\_\_
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19. Area of Operations (county/state): \_\_\_\_\_
20. Have you worked in any of the following states? ☐ Yes ☐ No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
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21. Do you plan on working in or are you working in any of the following states? ☐ Yes ☐ No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
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22. Have you worked in the State of New York in the past five years? ☐ Yes ☐ No
23. Are you currently working or would you consider working in the state of New York? ☐ Yes ☐ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_
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24. Do you frame residential dwellings? ☐ Yes ☐ No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
25. Do you do any foundation work? ☐ Yes ☐ No
26. Do you do roofing? ☐ Yes ☐ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing? ☐ Yes ☐ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
27. Do you use or have you used synthetic stucco (EIFS)? ☐ Yes ☐ No
28. Do you do any lead, asbestos, mold or radon removal or remediation? ☐ Yes ☐ No
29. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? ☐ Yes ☐ No
30. Describe the typical project your company is involved in: \_\_\_\_\_
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31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? ☐ Yes ☐ No  
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.  
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- Are you an EPA Certified Renovator? ☐ Yes ☐ No
  - Check a limit of insurance:
    - ☐ \$100,000 Claims Made (defense cost in addition to limit)
    - ☐ \$250,000 Claims Made (defense cost in addition to limit)

31. c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to?

☐ Yes ☐ No

**Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.**

**FRAUD WARNING: 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 IS GUILTY OF INSURANCE FRAUD. THIS IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.**

**(FOR NEW YORK INSUREDS: AN ACT OF INSURANCE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED \$5,000 AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.)**

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Applicant's Signature

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Date

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Title

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Producing Agent