



**ARTISAN CONTRACTOR APPLICATION**

**Agency Information**

Agency Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_

SIU Agency #: \_\_\_\_\_  
Phone: \_\_\_\_\_

**General Information**

Effective Date Requested: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Business DBA: \_\_\_\_\_

Phone: \_\_\_\_\_

Corporation Name: \_\_\_\_\_

Insured Is:  Individual  LLC  Corporation  Partnership

Email: \_\_\_\_\_

Inspection Contact: \_\_\_\_\_

**Mailing Address**

**Property Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County: \_\_\_\_\_

Number of Active Owners: \_\_\_\_\_

No. of Years in Business: \_\_\_\_\_

Years of Experience in this industry: \_\_\_\_\_

Any bankruptcies or foreclosures in the last 5 years:  Yes  No

W-2 Annual Payroll: \_\_\_\_\_

Current Annual Gross Receipts: \_\_\_\_\_

1099 Annual Payroll: \_\_\_\_\_

Total Annual Insured Sub Cost: \_\_\_\_\_

Total Payroll: \_\_\_\_\_

**Complete Description of Operations (List ALL services provided)**

\_\_\_\_\_  
\_\_\_\_\_

**Classifications**

<u>Code</u>	<u>Description</u>	<u>% Operation</u>	<u>Payroll Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Equipment Used in Operation:** \_\_\_\_\_

**Loss History**

Current Carrier: \_\_\_\_\_

Policy Expiration Date: \_\_\_\_\_

Any Property and/or Liability Losses:  Yes  No

Number of losses: \_\_\_\_\_

Total amount for all paid claims: \_\_\_\_\_

**General Liability Coverage**

	(Default Limits)	(Optional Requested)	Excess Liability
Each Occurrence:	1,000,000	_____	_____
General Aggregate:	2,000,000	_____	_____
Prods/Completed Ops Aggregate:	2,000,000	_____	_____
Damage to Premises Rented:	100,000	_____	_____
Personal & Advertising Injury:	1,000,000	_____	_____
Medical Expenses:	5,000	_____	_____

**Additional Insured :** Number of Additional Insured(s) \_\_\_\_\_

**Optional Endorsements**

- Blanket Waiver:  Yes  No
- Primary Non Contributory:  Yes  No
- Blanket Additional Insured  Yes  No
- Completed Operations CG-2037:  Yes  No

**Equipment to Insure**

Value of Miss Tools: \_\_\_\_\_ Total Scheduled Equipment Value: \_\_\_\_\_

Describe Scheduled Equipment: \_\_\_\_\_

**Liability Controls**

- Do you use a written contract with customers?  Yes  No
- Do you use a written contract with subcontractors?  Yes  No
- Do you obtain written certificates of insurance from all subcontractors?  Yes  No
- Are you added as additional insured on all subs liability policies?  Yes  No
- Do you have Worker's Compensation coverage in force?  Yes  No
- Have you been involved in any claims involving construction defects?  Yes  No

**List the Three Largest Jobs in the last 3 Years**

<u>Customer Name and Project Description</u>	<u>Cost of Project</u>	<u>Duration of Project</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**General Information**

- Any work in a classification not shown?  Yes  No
- Any Uninsured Subs?  Yes  No
- Had 2/more losses in the past 3 years?  Yes  No
- Do you consider yourself as a GC?  Yes  No
- Any Losses over \$10,000?  Yes  No
- Any past construction defects claims?  Yes  No
- Does insured lease any employees?  Yes  No
- Any Roofing Work?  Yes  No

**Construction Activities**

Type of Construction	Commercial	Residential	Industrial	% or Operation
New Construction	% _____	% _____	% _____	% _____
Renovation	% _____	% _____	% _____	% _____

Are you involved or was any other business you owned (past, present or intended in future), in new residential construction and/or development of more than **10 single** family dwellings, town home units or condominium units, in one development, in any one year?  Yes  No

Have you ever been named in a suit for defective workmanship or incurred a construction defect claim?  Yes  No

Do you or have you ever sold, removed or installed any asbestos, lead or other hazardous materials including abatement or testing for Radon?  Yes  No

Do you employ any architects or engineers who draw any plans or blueprints used in your construction work?  Yes  No

Do you rent or loan machinery or equipment to others?  Yes  No

**Indicate if applicant/subcontractors perform any of the following indicate with YES:  
(We assume NO operations performed if not answered)**

Airports	<input type="checkbox"/>	Excavating	<input type="checkbox"/>	Prisons	<input type="checkbox"/>
Asbestos Removal	<input type="checkbox"/>	Floor Waxing	<input type="checkbox"/>	Railroads	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	Foundations	<input type="checkbox"/>	Roofing	<input type="checkbox"/>
Bridge Work	<input type="checkbox"/>	Grain Elevators	<input type="checkbox"/>	Sand and Gravel	<input type="checkbox"/>
Boilers	<input type="checkbox"/>	Hazardous Waste	<input type="checkbox"/>	Sand Blasting	<input type="checkbox"/>
Chemical Spraying	<input type="checkbox"/>	Marinas	<input type="checkbox"/>	Soil Testing	<input type="checkbox"/>
Conveyers	<input type="checkbox"/>	Mining	<input type="checkbox"/>	Surveying	<input type="checkbox"/>
Cranes	<input type="checkbox"/>	Mold Remediation	<input type="checkbox"/>	Synthetic Stucco	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	Oil and Gas	<input type="checkbox"/>	Underpinning	<input type="checkbox"/>
Design	<input type="checkbox"/>	Pile Driving	<input type="checkbox"/>	Water Extraction	<input type="checkbox"/>
Drilling	<input type="checkbox"/>				

**Fraud Warning:**

Any person who knowingly and with intent to defraud any insurance company/other person files an application for insurance/statement of claim containing any materially false information/conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subject each person to criminal and civil penalties.

**Note:** We require these contractors to be licensed and copies of licenses must be kept on file at the agency:

**Electricians, Heating & Air Conditioning Contractors and for Plumbers.**

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE. QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.

**Comments:** \_\_\_\_\_  
\_\_\_\_\_

Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_