

Artisan Contractors General Liability Supplemental  
National Specialty Insurance Company

**APPLICANT INFORMATION**

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

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

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Phone Number: \_\_\_\_\_

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

**AGENCY INFORMATION**

Agency Information: \_\_\_\_\_

Agent's Name: \_\_\_\_\_

Agency Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**NEW VENTURE SUPPLEMENTAL**

Years Under Current Name: \_\_\_\_\_ *If less than three (3) years, the rest of this section is required.*

Date Business Established: \_\_\_\_\_ Years of the Related Experience: \_\_\_\_\_

List all business names that applicant/owner has owned in the past:

Brief summary of experience:

1. Description of applicant's operations (details please):
  
2. Contractor's License Number: \_\_\_\_\_ *If applicable.*
3. Number of owners: \_\_\_\_\_ Number of employees: \_\_\_\_\_
4. What percentage of your work do you subcontract? \_\_\_\_\_ %
5. Direct payroll **excluding** principals/owners/partners: \_\_\_\_\_
6. Insured subcontractor costs: \_\_\_\_\_ Labor: \_\_\_\_\_  
Materials (Regardless of who supplies them): \_\_\_\_\_
7. Uninsured contractor costs: \_\_\_\_\_  
What type of work will they do for the applicant? \_\_\_\_\_
8. Gross receipts last year: \_\_\_\_\_ Anticipated gross receipts this year: \_\_\_\_\_
9. Any waiver of subrogation, AI or per project requirements? Please list number of each: \_\_\_\_\_
10. Do you remove or perform any abatement work involving asbestos, fungus, mold or lead? YES NO  
If yes, is the work subcontracted? YES NO
11. Do your operations involve any outside work over 3 stories? YES NO  
Are cranes used and if so:  
1. Are they owned by the applicant? YES NO  
2. Are they rented with or without operator? YES NO
12. Do you sell, install, service or repair alarm systems, fire suppression systems, boilers, escalators, elevators, surveillance or TV monitoring systems or equipment? YES NO  
If yes, is the work subcontracted? YES NO
13. Do you manufacture any products? YES NO  
If yes, please provide list of products:
14. Do you do any commercial floorwaxing? YES NO  
If yes, please provide percentage of operations: \_\_\_\_\_ %  
If yes, any retail stores, grocery stores or stores open 24hours? YES NO

15.	Do you install or repair any pilings or piers?	YES	NO
16.	Any pressure washing of roofs?	YES	NO
17.	Do you sell, install, service or repair wood, coal or pellet burning stoves?	YES	NO
18.	Do you do any directional boring or horizontal drilling?	YES	NO
19.	Are you involved in the sale of chemicals, or the application of chemicals such as herbicides or pesticides other than those sold "over-the-counter?"	YES	NO
20.	Are you involved in tunneling, dredging, caisson or revetment work?	YES	NO
21.	Do you do any recreational or playground equipment construction or erection?	YES	NO
22.	Do you or any officer, owner or partner have a prior felony conviction?	YES	NO
	If yes, please provide details and date of conviction:		
23.	Do your operations include any restoration work involving smoke, fire or water damage? This includes water extraction, smoke removal or odor abatement.	YES	NO
24.	Do your operations include exterior spray painting?	YES	NO
	If yes, coverage for overspray is excluded.		
25.	Within the last 5 years have you built any new tract homes, new condominiums or new townhomes where there will be more than 10-units in the entire development or a master planned residential community?	YES	NO
	Will you be doing any of this type of work in the future?	YES	NO
	<i>If yes, coverage for those operations is excluded.</i>		
26.	Do you perform or subcontract any blasting operations?	YES	NO
27.	Do your operations include any snow plowing or snow/ice removal?	YES	NO
	<i>If yes, coverage for those operations is excluded.</i>		
28.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	YES	NO
29.	Do your operations include any work on or for airports, elevators, environmental remediation, railroad, traffic signals, guard rails, traffic signage installation, underground tank installation or removal, exterior insulation finishing systems (E I F S) or synthetic stucco?	YES	NO

30. If you use subcontractors do they:
- |   |     |    |
|---|-----|----|
| Provide proof of general liability coverage at limits equal to yours? | YES | NO |
| Name you as an additional insured?                                    | YES | NO |
| Provide a written contract including a hold harmless in your favor?   | YES | NO |
31. Do you or your subcontractors perform any street or road work? YES NO
32. Do you or your subcontractors perform any roofing work? YES NO
- If so, we'll need our roofing supplemental completed. If any hot tar, torch down, or any use of an open flame we'll have to decline. YES NO
33. Do you rent any of your equipment to others? YES NO
- If so, what: \_\_\_\_\_
34. Do you do any concrete cutting or boring? YES NO
35. Do you or your subs do any foundation repair/underpinning? YES NO
36. Do you perform any site work or install foundations on any hillsides or slopes greater than 30 degrees? YES NO

### LOSS HISTORY

This business has had \_\_\_\_\_ general liability claims, totaling \$ \_\_\_\_\_ (paid and reserved) within the past three (3) years. There are currently \_\_\_\_\_ open claims.

Have you had any construction defect claims?    Yes        No

Please explain any "yes" answers above or enter any comments you have about this risk:

Please list any additional insureds: \_\_\_\_\_

### READ AND SIGN BELOW:

**I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Title \_\_\_\_\_

Producer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_