



ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

General Agent Name

Insured: _____ Date _____

Owner/Partner 16,000- (TX - 20,000) \$ _____
Employee Payroll: \$ _____
Uninsured Subcontractor Payroll: \$ _____
Total Payroll: \$ _____
Subcontractor Cost \$ _____
Total Receipts \$ _____

Risk is a (% of each):

General Contractor _____ %
Subcontractor _____ %

Type of Work Performed

Room Additions _____ %
Repair/Service Work _____ %
Structural Work _____ %
Remodeling Work _____ %
Other _____ %

General Information

License # & Type held _____
Years in Business: _____
Years of Experience: _____

Maximum # Of Stories _____
Maximum Depth below Grade _____

Ground Up Construction _____ %
% Residential _____ % (new residential Yes _____ No)
% Commercial _____ % Industrial _____ %

Any Roofing Performed [] Yes [] No
If Yes complete a Roofing Supplemental (Prohibit Commercial Roofing)

Type of work done by you and your employees: _____

- Alarm monitoring? [] Yes [] No Alarm monitoring subcontracted? [] Yes [] No
Any mobile equipment leased without operators? [] Yes [] No
Type of equipment leased? _____
Any snow plowing operations? [] Yes [] No Street Cleaning [] Yes [] No Public Streets & Roads? [] Yes [] No
Has the ins'd ever been involved in any construction of new residential properties i e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future? [] Yes [] No
Have you ever been involved or are you involved in construction of residential room additions? [] Yes [] No
Any LPG work? [] Yes [] No % of total _____ Any Floor waxing? [] Yes [] No % _____
What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - _____

List the last 3 jobs including the cost of those jobs.

Table with 3 columns: Location, Type of Job, Job Receipts. Includes rows for job details and receipt amounts.

Describe any losses: _____

SUBCONTRACTED WORK

- What work are the subcontractors hired to do? _____ % _____ % _____ %
Are certificates of insurance obtained prior to subcontractors starting work? [] Yes [] No
Minimum Limits Required \$ _____
Are you named as an additional insured on the subcontractor's policy? [] Yes [] No
Do subcontractors carry Worker's Compensation [] Yes [] No

I hereby certify that all information is accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____

Producer: _____ Date: _____