



**Western Heritage**  
Insurance Company

6263 North Scottsdale Road, Suite 240 • Scottsdale, Arizona 85250  
1-800-873-9442 • Fax (480) 596-7859

**ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability application)

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

State/Area of Operations: \_\_\_\_\_ Website Address: \_\_\_\_\_

Provide details of all your operations: \_\_\_\_\_

Other business ventures: \_\_\_\_\_

**1. Applicant Operations:**

Number of Owners/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

SHOW BY TRADE	PAYROLL	OPERATION	PERCENT	TYPE OF WORK	PERCENT
	\$	General Contractor	%	Residential/New	%
	\$	Artisan Contractor	%	Residential/Remodeling	%
	\$	Subcontractor	%	Condos	%
	\$		%	Commercial	%
	\$		%	Industrial	%
Uninsured Subcontractors	\$		%		%
Other	\$		%		%
Insured Subcontractors	\$		%		%
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>100 %</b>	<b>Total</b>	<b>100 %</b>

2. Receipts/Sales: Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

3. Describe Equipment used in operations: \_\_\_\_\_

Cranes/Cherry pickers/lifts—Maximum height: \_\_\_\_\_

**4. List three current or planned projects:**

Customer Name and Project Description	Cost of Project	Duration of Project

**5. List five largest jobs in the last 3 years:**

Customer Name and Project Description	Cost of Project	Duration of Project

**6. Indicate percentage of total operations performed by you or subcontractors:**

Airports	___ %	Demolition	___ %	Marina	___ %	Sand/Gravel	___ %
Asbestos Removal	___ %	Design	___ %	Mining	___ %	Sand Blasting	___ %
Blasting	___ %	Drilling	___ %	Oil and Gas	___ %	Soil Testing	___ %
Boilers	___ %	Excavating	___ %	Pile Driving	___ %	Surveying	___ %
Bridge Work	___ %	Foundations	___ %	Prisons	___ %	Synthetic Stucco	___ %
Conveyers	___ %	Grain Elevators	___ %	Railroads	___ %	Underpinning	___ %
Cranes	___ %	Hazardous Waste	___ %	Roofing	___ %		

Other: \_\_\_\_\_

**7. List the subcontracted trades used and the percentage of total operations:**

Carpentry	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Plumbing	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Electrical	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Heating/Air	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %

**8. Liability Controls:**

- Do you use a written contract with customers? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- Do you use a written contract with subcontractors? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- Do your contracts contain a hold harmless agreement in your favor? .....  Yes  No
- Do you obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum Limits Required: \_\_\_\_\_
- Are you added as additional insured on the subcontractors' liability policies? .....  Yes  No
- Do you have Workers' Compensation coverage in force? .....  Yes  No
- Do you provide architectural or engineering design services? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
Do you carry Errors & Omissions coverage for these services? .....  Yes  No
- Have you been involved in any claims involving construction defect? .....  Yes  No  
If yes, explain: \_\_\_\_\_

**9. Artisan Contractors Program Rating Worksheet**

Classification	Class Code	Rate	Increased Aggregate Limit	Debit/Credit	Final Rate	Exposure	Premium
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=

		Number of Additional Insureds	Flat Charge	Premium
Additional Insured	49950			
<b>Total Premium Subject to M.P.</b>			<b>\$</b>	

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**APPLICABLE IN THE STATE OF NEW YORK:**

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, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**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 commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

APPLICANT'S SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

AGENT NAME \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

Name and Phone Number of person to contact for inspection and/or premium audit purposes \_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE