

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:
- a. Are you an EPA Certified Renovator? ☐ Yes ☐ No
- b. 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)
- 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 STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Maine	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF A CRIME AND MAY BE SUBJECT TO CIVIL FINES AND CRIMINAL PENALTIES.
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. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Rhode Island	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Tennessee Virginia Washington	It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

Applicant's Signature: _____

Date: _____

Title: _____

Producing Agent: _____