



# Artisan Contractors General Liability & Excess Liability Application

(Excluding Non-Commercial Grade Residential)

## APPLICANT INFORMATION:

TODAY'S DATE: \_\_\_\_\_

|  |       |        |           |
|--|-------|--------|-----------|
| APPLICANT (FIRST NAMED INSURED AND NAMED INSUREDS):  |       | FEIN:  |           |
| STREET ADDRESS:  | CITY: | STATE: | ZIP CODE: |
| COVERAGE(S) DESIRED:<br><input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> EXCESS LIABILITY <input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> WORKERS COMPENSATION <input type="checkbox"/> CYBER LIABILITY              |       |        |           |
| COMPANY WEBSITE (IF NONE, PLEASE INDICATE N/A):  |       |        |           |
| PROPOSED EFFECTIVE DATE:   |       |        |           |
| FROM: _____ TO: _____ 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE APPLICANT   |       |        |           |
| APPLICANT IS:<br><input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> LIMITED LIABILITY COMPANY <input type="checkbox"/> OTHER: _____ |       |        |           |

## CONTACT INFORMATION:

|                            |  |               |
|----------------------------|--|---------------|
| CEO/OWNER/PRINCIPAL(S):    | PHONE: HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL <input type="checkbox"/> | EMAIL ADDRESS |
| CHIEF FINANCIAL OFFICER:   | PHONE: HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL <input type="checkbox"/> | EMAIL ADDRESS |
| DESIGNATED SAFETY MANAGER: | PHONE: HOME <input type="checkbox"/> OFFICE <input type="checkbox"/> CELL <input type="checkbox"/> | EMAIL ADDRESS |

**PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY INDICATE "N/A." DO NOT LEAVE BLANK.**

## A. OPERATIONS:

DESCRIBE YOUR OPERATIONS IN DETAIL:

(ATTACH ADDITIONAL SHEET IF NECESSARY)



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APPLICANT IS (MUST TOTAL 100%):

GENERAL CONTRACTOR \_\_\_\_\_ %  SUBCONTRACTOR \_\_\_\_\_ %  DEVELOPER \_\_\_\_\_ %  OWNER/BUILDER \_\_\_\_\_ %

CONSTRUCTION MANAGER/CONSULTANT \_\_\_\_\_ %  OTHER (PLEASE DESCRIBE): \_\_\_\_\_ %

|                             |                            |                            |
|-----------------------------|----------------------------|----------------------------|
| LENGTH OF TIME IN BUSINESS: | TOTAL YEARS OF EXPERIENCE: | TOTAL NUMBER OF EMPLOYEES: |
| TYPE OF LICENSE(S):         | LICENSE NUMBER(S):         | YEAR LICENSE(S) ISSUED:    |

HAVE YOU OPERATED OR BEEN LICENSED UNDER ANY OTHER NAMES OVER THE PAST TEN YEARS?  
 YES  NO

IF YES, PLEASE PROVIDE PRIOR NAME AND A DESCRIPTION OR OPERATIONS:

(ATTACH ADDITIONAL SHEET IF NECESSARY)

INDICATE % OF OPERATIONS INVOLVING (MUST TOTAL 100%):

NEW CONSTRUCTION \_\_\_\_\_ %  REMODELING \_\_\_\_\_ %  DEMOLITION \_\_\_\_\_ %  REPAIR \_\_\_\_\_ %

OTHER \_\_\_\_\_ % (IF OTHER, PLEASE DESCRIBE BELOW):

INDICATE % WORK CONDUCTED IN THE 5 BOROUGHES OF NEW YORK (MUST TOTAL 100%):

BRONX \_\_\_\_\_ %  BROOKLYN \_\_\_\_\_ %  STATEN ISLAND \_\_\_\_\_ %  MANHATTAN \_\_\_\_\_ %

QUEENS \_\_\_\_\_ %  OTHER (PLEASE DESCRIBE) \_\_\_\_\_

DOLLAR VALUE OF AVERAGE JOB COMPLETED:

LIST ALL MAJOR PROJECTS COMPLETED WITHIN THE PAST FIVE YEARS, INCLUDING WORK-IN-PROGRESS AND PLANNED PROJECTS. INCLUDE PROJECT NAME, DATE, PROJECT DESCRIPTION, LOCATION & REVENUES.

- 1.
- 2.
- 3.
- 4.
- 5.

(ATTACH COMPLETE TRADESMAN WORK IN PROGRESS IF NECESSARY)

DO YOU HAVE ANY OTHER BUSINESS VENTURES FOR WHICH COVERAGE IS NOT REQUESTED?  
 YES  NO

ARE ANY OPERATIONS/PROJECTS INSURED BY OCIPS, CCIPS OR WRAP UPS?  
 YES  NO

|                                |  |
|--------------------------------|--|
| IF YES, WHAT % OF GROSS SALES? | HOW MANY JOBS? *BE SURE TO INCLUDE ON TRADESMAN WIP* |
|--------------------------------|--|

IF YES, PLEASE EXPLAIN AND ADVISE WHERE INSURED:



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|   |                                      |  |                |
|---|--------------------------------------|--|----------------|
| WHO ARE YOUR THREE LARGEST CONTRACTS WITH?  |                                      |  |                |
| 1.  | 2.                                   | 3.   |                |
| DO YOU HAVE A FORMAL SAFETY PROGRAM IN OPERATION?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                                      |  |                |
| DO YOU PROVIDE DAILY SUPERVISION EACH DAY AT EACH JOBSITE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                      |  |                |
| DOES WORK REQUIRE MONITORING BY:<br><input type="checkbox"/> CERTIFIED INSPECTORS <input type="checkbox"/> RESIDENT INSPECTORS <input type="checkbox"/> GENERAL CONTRACTOR <input type="checkbox"/> OTHER _____   |                                      |  |                |
| DO YOU PERFORM WORK ABOVE TWO STORIES IN HEIGHT FROM GRADE? <input type="checkbox"/> YES <input type="checkbox"/> NO  |                                      |  |                |
| MAXIMUM NUMBER OF STORIES: INTERIOR _____ EXTERIOR _____  |                                      |  |                |
| DO YOU PERFORM ANY WORK ON UTILITY POLES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                                      |  |                |
| DO YOU PERFORM ANY ROOF WORK?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | MAXIMUM STORIES:                     | WHAT KIND OF ROOFS?<br>FLAT _____% SLOPE _____% PITCHED _____% |                |
| DO YOU PERFORM ANY WORK BELOW GRADE?  | MAXIMUM DEPTH:                       | % OF TOTAL WORK:   | TYPE OF WORK:  |
| DO YOU USE SCAFFOLDING? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> OWN/ERECT <input type="checkbox"/> RENT/OTHERS ERECT <input type="checkbox"/> RENT/SELF-ERECT <input type="checkbox"/> OWN/ERECT FOR OTHERS<br><span style="color: red; font-size: small;">*MUST PROVIDE COPY OF SCAFFOLDING RENTAL AGREEMENT IF APPLICABLE*</span>                |                                      |  |                |
| IF YES, WHAT TYPE OF SCAFFOLDING?<br><input type="checkbox"/> SINGLE <input type="checkbox"/> DOUBLE SCAFFOLDING <input type="checkbox"/> CANTILEVER SCAFFOLDING <input type="checkbox"/> SUSPENDED SCAFFOLDING <input type="checkbox"/> TRESTLE/BAKER <input type="checkbox"/> STEEL   |                                      |  |                |
| ARE CONTRACTORS NOT UNDER A WRITTEN AGREEMENT WITH YOU ALLOWED TO USE SCAFFOLDING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |                                      |  |                |
| NUMBER OF SCAFFOLDING JOBS ANNUALLY:  | MAXIMUM NUMBER OF JOBS CONCURRENTLY: | MAXIMUM HEIGHT (SCAFFOLDING):                                  |                |
| DO YOU USE CRANES? <input type="checkbox"/> YES <input type="checkbox"/> NO<br><input type="checkbox"/> OWN/OPERATE <input type="checkbox"/> RENT/WITH OPERATOR <input type="checkbox"/> RENT/WITHOUT OPERATOR<br><span style="color: red; font-size: small;">*MUST PROVIDE COPY OF CRANE RENTAL AGREEMENT IF APPLICABLE* *ALL OPERATORS MUST BE CERTIFIED &amp; PROOF MUST BE PROVIDED*</span> |                                      |  |                |
| NUMBER OF CRANE JOBS ANNUALLY:  |                                      | MAXIMUM NUMBER OF JOBS CONCURRENTLY:                           |                |
| TYPE OF CRANE:  | YEAR, MAKE & DESCRIPTION:            | MAX REACH & LIFT CAPACITY:                                     | SERIAL NUMBER: |
| ARE CRANES CERTIFIED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | IF YES, BY WHOM?                     |  |                |
| DO YOU PERFORM ANY SNOW PLOWING/ REMOVAL OR ICE TREATMENT FOR OTHERS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |                                      |  |                |
| IF YES, PLEASE EXPLAIN:   |                                      |  |                |



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INDICATE % OF OPERATIONS INVOLVING THE FOLLOWING (DIRECT MUST TOTAL 100%, SUBCONTRACTED MUST TOTAL 100%)

| Type of Work                   | Direct | Sub  | Type of Work                         | Direct | Sub  | Type of Work        | Direct | Sub  |
|--------------------------------|--------|------|--------------------------------------|--------|------|---------------------|--------|------|
| Aluminum/Vinyl Siding          | ___%   | ___% | Gas Main                             | ___%   | ___% | Roofing Residential | ___%   | ___% |
| Blasting                       | ___%   | ___% | Glazer                               | ___%   | ___% | Roofing Commercial  | ___%   | ___% |
| Boiler                         | ___%   | ___% | Grading                              | ___%   | ___% | Sprinkler Installer | ___%   | ___% |
| Carpentry-Framing              | ___%   | ___% | HVAC                                 | ___%   | ___% | Soil Stabilization  | ___%   | ___% |
| Carpentry-Exterior             | ___%   | ___% | Insulation                           | ___%   | ___% | Steel -Ornamental   | ___%   | ___% |
| Carpentry-Interior             | ___%   | ___% | Landscaping                          | ___%   | ___% | Steel -Structural   | ___%   | ___% |
| Concrete                       | ___%   | ___% | Masonry                              | ___%   | ___% | Supervisory Only    | ___%   | ___% |
| Crane Rental                   | ___%   | ___% | Mechanical                           | ___%   | ___% | Swimming Pools      | ___%   | ___% |
| Door Erection                  | ___%   | ___% | Mold & Spore Remediation             | ___%   | ___% | Tile Work-Indoor    | ___%   | ___% |
| Drywall                        | ___%   | ___% | Painting-Interior                    | ___%   | ___% | Tile Work-Outdoor   | ___%   | ___% |
| Electrical-Inside              | ___%   | ___% | Painting-Exterior                    | ___%   | ___% | Tunneling           | ___%   | ___% |
| Electrical-Outside             | ___%   | ___% | Paperhanging                         | ___%   | ___% | Underpinning        | ___%   | ___% |
| Electric Apparatus Repair      | ___%   | ___% | Paving                               | ___%   | ___% | Wallboard Install   | ___%   | ___% |
| Excavating                     | ___%   | ___% | Pipeline/Water Main                  | ___%   | ___% | Waterproofing       | ___%   | ___% |
| Fire Damage Restoration        | ___%   | ___% | Plastering                           | ___%   | ___% | Weather Stripping   | ___%   | ___% |
| Fire Proofing                  | ___%   | ___% | Plumbing                             | ___%   | ___% | Wrecking Demolition | ___%   | ___% |
| Furniture Fixture Installation | ___%   | ___% | Power Lines                          | ___%   | ___% | Other (Describe):   | ___%   | ___% |
| Fire Suppression               | ___%   | ___% | Removal/Install of Underground Tanks | ___%   | ___% | Other (Describe):   | ___%   | ___% |
| Framing                        | ___%   | ___% | Sewer                                | ___%   | ___% | Other (Describe):   | ___%   | ___% |

## B. ACCOUNT HISTORY FOR PRIOR FIVE YEARS & CURRENT PROJECTED YEAR:

| Year      | Payroll | Total Revenue | Subcontracted Cost                |                                      |                          |
|-----------|---------|---------------|-----------------------------------|--------------------------------------|--------------------------|
|           |         |               | Cost of Labor, Fees & Commissions | Cost of Materials & Equipment Rental | Total Subcontracted Cost |
| Current   |         |               |                                   |                                      |                          |
| 1st Prior |         |               |                                   |                                      |                          |
| 2nd Prior |         |               |                                   |                                      |                          |
| 3rd Prior |         |               |                                   |                                      |                          |
| 4th Prior |         |               |                                   |                                      |                          |
| 5th Prior |         |               |                                   |                                      |                          |





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|  |                            |
|--|----------------------------|
| ARE ANY EMPLOYEES WORKING UNDER THE U.S. LONGSHOREMEN'S AND HARBOR WORKERS' ACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT % OF PAYROLL? |
|--|----------------------------|

|   |                            |
|---|----------------------------|
| ARE ANY EMPLOYEES WORKING UNDER THE JONES MARITIME ACT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, WHAT % OF PAYROLL? |
|---|----------------------------|

|   |   |
|---|---|
| DO YOU OWN ANY VACANT LAND? (RAW LAND WITH NO DEVELOPMENTAL/IMPROVEMENT ACTIVITY, HELD ONLY FOR INVESTMENT OR POSSIBLE DEVELOPMENT MORE THAN 12 MONTHS IN THE FUTURE. NO BUILDINGS ON PROPERTY)<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, IS PROPERTY ZONED?<br><input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL/RETAIL/INDUSTRIAL OR OTHER |
|---|---|

| NO. OF ACRES | NO. OF LOTS | LOCATION DESCRIPTION |
|--------------|-------------|----------------------|
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |

|   |   |
|---|---|
| DO YOU OWN ANY REAL ESTATE DEVELOPMENT PROPERTY? (LAND WITH IMPROVEMENTS – STREETS, ROADS, UTILITIES, ETC. COMPLETED OR UNDER CONSTRUCTION)<br><input type="checkbox"/> YES <input type="checkbox"/> NO | IF YES, IS PROPERTY ZONED?<br><input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL/RETAIL/INDUSTRIAL OR OTHER |
|---|---|

| NO. OF ACRES | NO. OF LOTS | LOCATION DESCRIPTION |
|--------------|-------------|----------------------|
|              |             |                      |
|              |             |                      |
|              |             |                      |
|              |             |                      |

DURING THE PAST THREE YEARS, HAVE YOU EVER BEEN REFUSED A PERFORMANCE BOND OR HAD LIABILITY INSURANCE CANCELLED, NON-RENEWED, DECLINED OR REFUSED ISSUANCE?  
 YES  NO

IF YES, PLEASE EXPLAIN:

HAVE YOU, OR ANY ENTITY OWNED OR CONTROLLED BY YOU, BEEN ADJUDGED INSOLVENT, BANKRUPT OR HAD LIENS PLACED AGAINST PROPERTY WITHIN THE PAST FIVE YEARS?  
 YES  NO

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A CONSTRUCTION DEFECT LOSS/CLAIM OR BEEN INVOLVED IN A CONSTRUCTION CLASS-ACTION DEFECT SUIT?  
 YES  NO  
 IF YES, AND LOSS OR SUIT IS OLDER THAN FIVE YEARS, PROVIDE DETAILS BELOW:

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |



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### C. PREMIUM:

EXPIRING GENERAL LIABILITY PREMIUM (PAST 5 YEARS) **\*PLEASE PROVIDE COPY OF CURRENT GL POLICY\***

| GL COVERAGE                            | YEAR: | YEAR: | YEAR: | YEAR: | YEAR: |
|--|-------|-------|-------|-------|-------|
| LIMIT                                  |       |       |       |       |       |
| DEDUCTIBLE OR SIR                      |       |       |       |       |       |
| TOTAL PREMIUM                          | \$    | \$    | \$    | \$    | \$    |
| TARGET GENERAL LIABILITY PREMIUM (\$): |       |       |       |       |       |

EXPIRING XL PREMIUM (PAST 5 YEARS) **\*PLEASE PROVIDE COPY OF CURRENT XL POLICY\***

| XL COVERAGE                                   | YEAR: | YEAR: | YEAR: | YEAR: | YEAR: |
|---|-------|-------|-------|-------|-------|
| LIMIT   |       |       |       |       |       |
| DEDUCTIBLE OR SIR                             |       |       |       |       |       |
| TOTAL PREMIUM                                 | \$    | \$    | \$    | \$    | \$    |
| TARGET EXCESS LIABILITY PREMIUM (\$):         |       |       |       |       |       |
| PLEASE PROVIDE TOTAL EXCESS LIMITS REQUESTED: |       |       |       |       |       |

| LIMITS OF LIABILITY REQUESTED              |    |
|--|----|
| General Aggregate:                         | \$ |
| Products & Completed Operations Aggregate: | \$ |
| Personal & Advertising Injury:             | \$ |
| Each Occurrence:                           | \$ |
| Deductible:                                | \$ |

### D. ACCOUNT LOSS HISTORY – FIVE YEAR PERIOD

INDICATE ALL CLAIMS, LOSSES OR OCCURRENCES (REGARDLESS OF FAULT) THAT MAY GIVE RISE TO CLAIMS FOR THE PRIOR 5 YEARS:

| Date of Loss | Description of Loss | Amount Paid | Amount Reserved | Claim Status (Open or Closed) |
|--------------|---------------------|-------------|-----------------|-------------------------------|
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |
|              |                     | \$          | \$              |                               |



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## E. CYBER LIABILITY WILL BE OFFERED – INSURED MAY OPT OUT OF COVERAGE

|   |
|---|
| HAS THE APPLICANT EXPERIENCED A CYBER EVENT IN THE PAST 3 YEARS THAT RESULTED IN A DIRECT FINANCIAL LOSS OF MORE THAN \$10,000?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| HAS THE APPLICANT HAD LEGAL ACTION BROUGHT/THREATENED AGAINST THEM IN THE LAST 5 YEARS AS A DIRECT RESULT OF A CYBER EVENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO     |
| HAS THE APPLICANT HAD A REGULATORY ACTION INITIATED AGAINST THEM IN THE LAST 5 YEARS AS A DIRECT RESULT OF A CYBER EVENT?<br><input type="checkbox"/> YES <input type="checkbox"/> NO       |
| HAS THE APPLICANT BEEN INVOLVED IN THE USE OR SUPPLY OF CRYPTOCURRENCY?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |

## F. AUTOMOBILE

### 1. VEHICLE INFORMATION

|   |                             |     |
|---|-----------------------------|-----|
| Garage Location(s):   |                             |     |
| DO YOU REQUIRE FILINGS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   | DOT#                        | MC# |
| HISTORICAL VEHICLE COUNT:   | CURRENT YEAR VEHICLE COUNT: |     |
| 1 <sup>st</sup> YEAR PRIOR:   | 2 <sup>nd</sup> YEAR PRIOR: |     |
| 3 <sup>rd</sup> YEAR PRIOR:   | 4 <sup>th</sup> YEAR PRIOR: |     |
| RADIUS OF OPERATION:<br><input type="checkbox"/> %<50 MILES <input type="checkbox"/> %50-200 MILES <input type="checkbox"/> %200 MILES+               |                             |     |
| ARE VEHICLES EQUIPPED WITH ANY OF THE FOLLOWING:<br><input type="checkbox"/> GPS <input type="checkbox"/> CAMERAS <input type="checkbox"/> TELEMATICS |                             |     |
| DO YOU HAVE A REGULAR, SCHEDULED MAINTENANCE PROGRAM FOR ALL VEHICLES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                    | IF YES, PLEASE DESCRIBE:    |     |

### 2. DRIVER MANAGEMENT

|   |
|---|
| ARE THERE ANY DRIVERS WHO DO NOT HAVE 2 OR MORE YEARS OF EXPERIENCE DRIVING THE VEHICLE THEY WILL BE ASSIGNED TO?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU CHECK MVR'S FOR ALL NEW DRIVERS PRIOR TO HIRING?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |
| ARE YOU ENROLLED IN THE NY LENS PROGRAM?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |





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|   |
|---|
| DO YOU ALLOW ANY PERSONAL USE OF AUTOS, OTHER THAN PRIVATE PASSENGER AUTOS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO                                       |
| ARE ANY CHILDREN OF EMPLOYED DRIVERS ALLOWED TO OPERATE A COMPANY VEHICLE?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  |
| DO YOU ALLOW EMPLOYEES TO TAKE COMPANY VEHICLES HOME AND PARK THEM OVERNIGHT, OTHER THAN PRIVATE PASSENGER AUTOS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| DO YOU HAVE A FORMAL DRUG TESTING PROGRAM FOR YOUR EMPLOYEES?<br><input type="checkbox"/> YES <input type="checkbox"/> NO   |

### 3. POLICY INFORMATION

|   |  |
|---|--|
| IS BLANKET ADDITIONAL INSURANCE REQUIRED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| DO YOU HAUL ANY HAZARDOUS MATERIALS?<br><input type="checkbox"/> YES <input type="checkbox"/> NO      | IF YES, DESCRIBE MATERIALS AND INDICATE HOW OFTEN: |
| ARE EXCESS AUTO LIABILITY LIMITS NEEDED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO  | IF YES, WHAT LIMIT:                                |

**EXPIRING AUTOMOBILE LIABILITY PREMIUM (PAST 5 YEARS) \*PLEASE PROVIDE COPY OF CURRENT AUTO POLICY\***

| AUTO COVERAGE       | YEAR: | YEAR: | YEAR: | YEAR: | YEAR: |
|---------------------|-------|-------|-------|-------|-------|
| CSL EA. ACC. LIMITS |       |       |       |       |       |
| BI EA. ACC. LIMITS  |       |       |       |       |       |
| BI EA. PER. LIMITS  |       |       |       |       |       |
| PD EA. ACC. LIMITS  |       |       |       |       |       |
| DEDUCTIBLE OR SIR   |       |       |       |       |       |
| TOTAL PREMIUM       | \$    | \$    | \$    | \$    | \$    |

| VEHICLE TYPE      | # OWNED                     | # NON-OWNED | # LEASED | PROPERTY HAULED | 0-50 MI | 50-200 MI | OVER 300 MI |
|-------------------|-----------------------------|-------------|----------|-----------------|---------|-----------|-------------|
| PRIVATE PASSENGER |                             |             |          |                 |         |           |             |
| TRUCKS            | LIGHT<br><10,000 lbs        |             |          |                 |         |           |             |
|                   | MEDIUM<br>10,001-20,000 lbs |             |          |                 |         |           |             |
|                   | HEAVY<br>20,001-45,000 lbs  |             |          |                 |         |           |             |
|                   | EX. HEAVY<br>>45,000 lbs    |             |          |                 |         |           |             |
| TRACTORS          | HEAVY<br>Up to 45,000 lbs   |             |          |                 |         |           |             |
|                   | EX. HEAVY<br>>45,000 lbs    |             |          |                 |         |           |             |



# Artisan Contractors General Liability & Excess Liability Application

### ADDITIONAL UNDERWRITING INFORMATION NEEDED

- Completed Accord 125, 127, and 137 application
- Five years loss runs, valued within 90 days of expiration
- List of drivers in Microsoft Excel, including state of license, license number, date of birth
- List of vehicles in Microsoft Excel, including year, make, model, vin, state of registration, GVW/class code, registrant name

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.

### FRAUD WARNINGS AND ATTESTATION:

#### 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.

#### FRAUD WARNING (APPLICABLE IN TENNESSEE AND 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.

#### FRAUD WARNING 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 APPLICABLE IN THE STATE OF 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.

I/We hereby declare that the above statements and are true, and I/We agree that this application shall be the basis of the contract with the insurance company.

### PLEASE SIGN BELOW:

---

APPLICANT SIGNATURE (MUST BE SIGNED BY ACTIVE OWNER, PARTNER OR EXECUTIVE OFFICER) DATE

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PRODUCER SIGNATURE DATE

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 request, additional information as to the nature and scope of the report, if one is made, will be provided.