



# 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: <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: <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)

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: \_\_\_\_\_

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:

WHO ARE YOUR THREE LARGEST CONTRACTS WITH?

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

DO YOU HAVE A FORMAL SAFETY PROGRAM IN OPERATION?  
 YES  NO

DO YOU PROVIDE DAILY SUPERVISION EACH DAY AT EACH JOBSITE?  
 YES  NO

DOES WORK REQUIRE MONITORING BY:  
 CERTIFIED INSPECTORS  RESIDENT INSPECTORS  GENERAL CONTRACTOR  OTHER \_\_\_\_\_

DO YOU PERFORM WORK ABOVE TWO STORIES IN HEIGHT FROM GRADE?  YES  NO

MAXIMUM NUMBER OF STORIES: INTERIOR \_\_\_\_\_ EXTERIOR \_\_\_\_\_

DO YOU PERFORM ANY WORK ON UTILITY POLES?  
 YES  NO

DO YOU PERFORM ANY ROOF WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	MAXIMUM STORIES:	WHAT KIND OF ROOFS? FLAT _____% SLOPE _____% PITCHED _____%
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DO YOU PERFORM ANY WORK BELOW GRADE?	MAXIMUM DEPTH:	% OF TOTAL WORK:	TYPE OF WORK:
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DO YOU USE SCAFFOLDING?  YES  NO  
 OWN/ERECT  RENT/OTHERS ERECT  RENT/SELF-ERECT  OWN/ERECT FOR OTHERS  
**\*MUST PROVIDE COPY OF SCAFFOLDING RENTAL AGREEMENT IF APPLICABLE\***

IF YES, WHAT TYPE OF SCAFFOLDING?  
 SINGLE  DOUBLE SCAFFOLDING  CANTILEVER SCAFFOLDING  SUSPENDED SCAFFOLDING  TRESTLE/BAKER  STEEL

ARE CONTRACTORS NOT UNDER A WRITTEN AGREEMENT WITH YOU ALLOWED TO USE SCAFFOLDING?  
 YES  NO

NUMBER OF SCAFFOLDING JOBS ANNUALLY:	MAXIMUM NUMBER OF JOBS CONCURRENTLY:	MAXIMUM HEIGHT (SCAFFOLDING):
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DO YOU USE CRANES?  YES  NO  
 OWN/OPERATE  RENT/WITH OPERATOR  RENT/WITHOUT OPERATOR  
**\*MUST PROVIDE COPY OF CRANE RENTAL AGREEMENT IF APPLICABLE\* \*ALL OPERATORS MUST BE CERTIFIED & PROOF MUST BE PROVIDED\***

NUMBER OF CRANE JOBS ANNUALLY:	MAXIMUM NUMBER OF JOBS CONCURRENTLY:
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TYPE OF CRANE:	YEAR, MAKE & DESCRIPTION:	MAX REACH & LIFT CAPACITY:	SERIAL NUMBER:
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ARE CRANES CERTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BY WHOM?
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DO YOU PERFORM ANY SNOW PLOWING/ REMOVAL OR ICE TREATMENT FOR OTHERS?  
 YES  NO

IF YES, PLEASE EXPLAIN:

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					

DO YOU NORMALLY USE THE SAME SUBCONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE ALL SUB-CONTRACTORS REQUIRED TO PROVIDE YOU WITH EVIDENCE OF INSURANCE BEFORE COMMENCING WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE CERTIFICATES OF INSURANCE OBTAINED FROM SUB-CONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WRITTEN CONTRACTS OBTAINED FROM ALL SUB-CONTRACTORS INCLUDE THE FOLLOWING IN YOUR FAVOR (CHECK ALL THAT APPLY): <input type="checkbox"/> HOLD HARMLESS CLAUSE <input type="checkbox"/> ADDITIONAL INSURED STATUS NAMING YOU ON THEIR POLICY <input type="checkbox"/> WAIVER OF SUBROGATION <input type="checkbox"/> PRIMARY NON-CONTRIBUTORY		
DO YOU CONFIRM THAT SUBCONTRACTORS INSURANCE POLICIES DO <b>NOT</b> INCLUDE THE FOLLOWING? <input type="checkbox"/> ACTION OVER EXCLUSION <input type="checkbox"/> EMPLOYEE INJURY EXCLUSION <input type="checkbox"/> EXTERIOR HEIGHT LIMITATION/RESTRICTION		
DO YOU REQUIRE ALL SUBS TO MAINTAIN LIMITS EQUAL OR GREATER THAN LIMIT OF LIABILITY APPLIED FOR UNDER THIS INSURANCE POLICY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
PLEASE CONFIRM LIMITS OF LIABILITY CARRIED BY SUBCONTRACTORS:  GL: _____ EXCESS: _____		
DO YOU ACT AS A GENERAL CONTRACTOR OR DEVELOPER OF NEW CONSTRUCTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
DO YOU INTEND ON BUILDING ON HILLSIDES, SLOPES, FORMER LANDFILLS/DUMPS OR IN SUBSIDENCE AREAS? <input type="checkbox"/> YES <input type="checkbox"/> NO		% OF GRADE: _____
IF YES, PLEASE EXPLAIN:  		
IF YES, DO YOU PERFORM PRIOR GEOLOGICAL TESTING? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT GEOLOGICAL SURVEY ENGINEERING FIRM DO YOU USE?  
PLEASE DESCRIBE WHAT KIND OF GEOLOGICAL TESTING DO YOU PERFORM:  		
ANY PAST SUBSIDENCE LOSSES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:  
DO YOU LEASE MOBILE EQUIPMENT TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, TO WHOM?  
DO YOU PROVIDE OPERATORS WHEN LEASING OUT EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		WHAT TYPE OF EQUIPMENT DO YOU LEASE?  
DO YOU LEASE EMPLOYEES FROM OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT % OF EMPLOYEES AT ONE TIME?  
DO YOU LEASE EMPLOYEES TO OTHERS? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT % OF EMPLOYEES AT ONE TIME?  
DO YOU HOLD THE PROPERTY OF OTHERS FOR SERVICE, STORAGE OR REPAIR? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE EXPLAIN:  
DO YOU HAVE WORKERS COMPENSATION IN FORCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	MOST RECENT EXPERIENCE MODIFICATION:  	WC POLICY EFFECTIVE DATE:  

ARE ANY EMPLOYEES WORKING UNDER THE U.S. LONGSHOREMEN'S AND HARBOR WORKERS' ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT % OF PAYROLL?
ARE ANY EMPLOYEES WORKING UNDER THE JONES MARITIME ACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT % OF PAYROLL?
DO YOU OWN ANY VACANT LAND? (RAW LAND WITH NO DEVELOPMENTAL OR IMPROVEMENT ACTIVITY, HELD ONLY FOR INVESTMENT OR POSSIBLE DEVELOPMENT MORE THAN 12 MONTHS IN THE FUTURE. NO BUILDINGS ON PROPERTY) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS PROPERTY ZONED? <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) <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IS PROPERTY ZONED? <input type="checkbox"/> RESIDENTIAL <input type="checkbox"/> COMMERCIAL/RETAIL/INDUSTRIAL OR OTHER
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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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? <input type="checkbox"/> YES <input type="checkbox"/> NO
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IF YES, PLEASE EXPLAIN:

HAVE YOU EVER HAD A CONSTRUCTION DEFECT LOSS/CLAIM OR BEEN INVOLVED IN A CONSTRUCTION CLASS-ACTION DEFECT SUIT? <input type="checkbox"/> YES <input type="checkbox"/> 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)
		\$	\$	
		\$	\$	
		\$	\$	

### C. AUTOMOBILE LIABILITY

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						
	MEDIUM						
	HEAVY						
	EX. HEAVY						
TRACTORS	HEAVY						
	EX. HEAVY						
BUSES							

### D. 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:	\$

### E. 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)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

### F. 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? <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? <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? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAS THE APPLICANT BEEN INVOLVED IN THE USE OR SUPPLY OF CRYPTOCURRENCY? <input type="checkbox"/> YES <input type="checkbox"/> NO





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:**

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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.