

# Artisan Contractors

## Supplemental Application

1. Business Name: \_\_\_\_\_
2. Year(s) in business under this name: \_\_\_\_\_ Time at this address: \_\_\_\_\_
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_
4. Area of Operations (county/state): \_\_\_\_\_
5. Percent of work as an Artisan contractor? \_\_\_\_\_ %
6. Percent of your work as a subcontractor? (working for General Contractor/Developer) \_\_\_\_\_ %
7. Limits of Liability requested: \$ \_\_\_\_\_
8. Gross receipts for prior policy period: \$ \_\_\_\_\_
9. Gross receipts anticipated for this policy period: \$ \_\_\_\_\_
10. Number of active owners (except those exclusively in clerical or sales): \_\_\_\_\_
11. 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%
12. Have you worked on any condominiums, town houses, or tract homes in the past five years?  Yes  No  
If yes, specify year(s), number(s), and location(s) \_\_\_\_\_

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13. Do you use any subcontractors?  Yes  No (If yes, complete Application A-60)
14. Do you frame residential dwellings?  Yes  No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
15. Do you have any real estate development property?  Yes  No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
16. Any foundation work?  Yes  No
17. Do you do roofing? Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing? Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
18. Do you use or have you used synthetic stucco (EIFS)?  Yes  No
19. Any lead, asbestos, mold or radon removal or remediation?  Yes  No
20. If excavating work do you use "Dig Safe" or a similar method of contacting utilities prior to digging?  Yes  No
21. Number of employees in the following classes: (other than owners, partners & clerical)
 

ISO Class	# of Employees	Payroll
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
22. Describe the typical project your company is involved in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The above applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Signature of Applicant:\* \_\_\_\_\_ Title (Officer, Partner): \_\_\_\_\_

Date \_\_\_\_\_

\* Signing this questionnaire does not bind the applicant to accept or the insurer to provide the insurance.