

Artisan Contractor Supplemental Application
(to be completed in addition to the acord applications)

Named Insured: _____

Years in business: _____ Years of experience: _____

Have you operated under a different business name at any time over the past 10 years? _____ If yes, what? _____

Insured works as a: General Contractor _____% Consultant _____%
 Subcontractor _____% Owner/builder _____%
 Construction Manager _____% Developer _____%

Are you licensed? _____ Type of License? _____ Year issued? _____

State/area of operation: _____

Describe your operations: _____

	Current Year	1 st Prior Yr	2nd Prior Yr	3 rd Prior Yr	4 th Prior yr
Annual Gross Receipts					
Employee Payroll					
Cost of Subcontracted Work					

Indicate work performed in:

Residential	____%	New Construction	____%	New Homes	____%	Rural	____%
Commercial	____%	Remodeling	____%	Apts/Condos/townhomes	____%	Suburbs	____%
Industrial	____%	Repair	____%	Interior work	____%	Urban	____%
		Demolition	____%	Exterior work	____%		
Total	100%		100%				100%

Indicate type of work performed by your employees:

Blasting _____%	Landscaping _____%	Sheet metal _____%
Bridge building _____%	Maintenance _____%	Steel (ornamentation) _____%
Carpentry _____%	Masonry _____%	Steel (structural) _____%
Concrete _____%	Mechanical _____%	Street/road construction _____%
Drilling _____%	Painting _____%	Supervisory only _____%
Excavating _____%	Plastering _____%	Tunneling _____%
Gas Mains _____%	Plumbing _____%	Wrecking/demolition _____%
Insulation _____%	Roofing _____%	Other: Describe _____
Electrical _____%	Sewers _____%	_____

Number of Employees: _____

Indicate type of work performed by your subcontractors:

Blasting _____%	Landscaping _____%	Sheet metal _____%
Bridge building _____%	Maintenance _____%	Steel (ornamentation) _____%
Carpentry _____%	Masonry _____%	Steel (structural) _____%
Concrete _____%	Mechanical _____%	Street/road construction _____%
Drilling _____%	Painting _____%	Supervisory only _____%
Excavating _____%	Plastering _____%	Tunneling _____%
Gas Mains _____%	Plumbing _____%	Wrecking/demolition _____%
Insulation _____%	Roofing _____%	Other: Describe _____
Electrical _____%	Sewers _____%	_____

What percent of work do you subcontract to others? _____%

Do you usually use the same subcontractors? _____ Are subcontractors always insured? _____

What general liability limits do you require your subs to carry? _____

Are you named as an additional insured on all subcontractors' policies? _____

Do you have a written contract with your subcontractors? _____

Does it contain a hold harmless clause in your favor? _____

Type of Project	Current year Remodel/Repair	Past 3 Years Remodel/Repair	Current Year New Construction	Past 5 Years New Construction	Anticipated # of units - New Construction:
Single Family Homes	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Homes
Condos/Town houses/ Apartment buildings	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Buildings
Tract homes	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Subdivisions
Commercial buildings	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___	Buildings

Describe your last 5 projects	Dollar Value
1.	
2.	
3.	
4.	
5.	

Describe your last 5 <u>largest</u> projects	Dollar Value
1.	
2.	
3.	
4.	
5.	

Do you own vacant land, real estate development property or model homes? _____

Do you perform work on hillsides, or on slopes? _____

Do you perform work above 2 stories? _____ If yes, how high? _____ What %? _____

Do you perform work below grade? _____ If yes, maximum depth? _____ What %? _____

Do you perform repairs for fire damage, water damage or mold damage? _____ If yes, what %? _____

Do you perform work at gas stations, refineries, chemical plants, airports, utilities, railroads, hospitals or medical facilities or for the gas/oil industry? _____ If yes, describe: _____

Does your organization perform any design or engineering services? _____ If yes, please describe: _____

Do you have a formal safety program? _____

Do you provide a watchman or security at job sites? _____

Are sites fenced? _____ Lighted? _____

Do you own or lease cranes _____ trenching equipment _____ scaffolding _____

What precautions are taken to protect the public from injury? Cones _____ Signs _____ Area Roped off _____

Other: _____

Is work approved by written acceptance (punch list)? _____

Have you been involved or will you or your subcontractors be involved in any removal of asbestos, PCB's or other hazardous materials including fuel tanks? _____

In addition to the standard/mandatory coverage forms, the following forms may apply:

ME043 – Contractor Limitation Endorsement

ME051 – Demolition/Building Wrecking Endorsement

Insured's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____