
ARTISAN CONTRACTORS APPLICATION

TO OBTAIN A QUOTATION OR COVERAGE ALL QUESTIONS MUST BE ANSWERED

SECTION I - GENERAL INFORMATION SECTION:

1. NAME OF APPLICANT: _____ SSN: _____

DBA: _____

MAILING ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

2. INSPECTION CONTACT: _____ PHONE: _____

3. PREMISES ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

4. FORM OF BUSINESS:

PROPRIETORSHIP PARTNERSHIP CORPORATION LLC OTHER

5. NUMBER OF YEARS IN BUSINESS _____ NUMBER OF YEARS EXPERIENCE _____

6. IS APPLICANT, OWNER OR CORPORATION NOW OR EVER INVOLVED IN: NONE

BANKRUPTCIES FORECLOSURES TAX LIENS BUSINESS FAILURES ANY LITIGATIONS

IF YES, PLEASE EXPLAIN: _____

7. SUPPLEMENTAL INFORMATION:

ANY POLICY AND/OR COVERAGE DECLINED OR CANCELLED IN THE PAST 3 YRS? YES NO

DURING THE LAST TEN YEARS, HAS ANY APPLICANT BEEN CONVICTED OF ANY DEGREE OF THE CRIME OF ARSON? YES NO

WITHIN THE LAST TWELVE (12) MONTHS, HAVE YOU BEEN CITED WITH ANY FIRE AND/OR BUILDING CODE VIOLATIONS? YES NO

COPPER WIRING AND CIRCUIT BREAKERS THROUGHOUT BUILDING? YES NO

COPPER PLUMBING THROUGHOUT? YES NO

ANY WOOD SHAKE ROOFING OR MANSARD? YES NO

ANY MARINAS, MARINA OPERATIONS OR BOAT SLIPS? YES NO

ANY PRIOR CONSTRUCTION DEFECTS OR MOLD EVIDENCE UNCOVERED? YES NO

ANY ON-SITE STORAGE OF CHEMICALS OR HAZARDOUS MATERIALS? YES NO

HVAC SYSTEM UNDER MAINTENANCE CONTRACT? YES NO

DO YOU HAVE A SERVICE CONTRACT FOR FIRE PROTECTION EQUIPMENT? YES NO

ADVANCED E&S GROUP – MIDWEST REGION

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SECTION II – PROPERTY SECTION:

1. **BUILDING SECTION:** PROTECTION CLASS: _____

YEAR OF BUILDING: _____ CONSTRUCTION: _____ NO. OF STORIES: _____

YEAR OF: WIRING: _____ PLUMBING: _____ HEATING: _____ ROOFING: _____

EMERGENCY LIGHTING? YES NO
CIRCUIT BREAKERS? YES NO
SMOKE DETECTORS? YES NO IF YES ⇨ ELECTRIC BATTERY POWERED
FIRE ALARM? YES NO IF YES ⇨ TYPE: _____
BURGLAR ALARM? YES NO IF YES ⇨ TYPE: _____
SPRINKLER SYSTEM? YES NO IF YES ⇨ AGE: _____ TYPE: _____

2. **PROPERTY LIMITS:**

DOES APPLICANT OWN BUILDING? YES NO

REQUIRED BY LEASE TO INSURE BLDG? YES NO

BUILDING LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____

CONTENTS LIMIT: \$ _____ CO-INS % _____ ACV RC DED. \$ _____

BUSINESS INCOME LIMIT: \$ _____ CONTRIBUTION / CO-INS % _____

CAUSES OF LOSS: BASIC BROAD SPECIAL

BUSINESS INCOME WITH EXTRA EXPENSE YES NO IF NOT ANSWERED, WILL BE RATED WITHOUT

GLASS BREAKAGE: YES NO -----> LIMIT: \$ _____ DED. \$ _____

PROPERTY COVERAGE EXTENSION ENDORSEMENT: YES NO

(INCLUDES COVERAGE FOR CRIME-M&S, OUTDOOR PROPERTY, PERS PROP OF OTHERS, SPOILAGE & VALUABLE PAPERS)

3. **ADDITIONAL INTERESTS:**

MORTGAGEE AND ADDRESS 1ST _____

CHECK IF NONE 2ND _____

4. **CLAIMS SECTION:**

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

PROPERTY CLAIMS: _____

SECTION III – CONTRACTORS EQUIPMENT FLOATER / INLAND MARINE SECTION:

PLEASE COMPLETE ACORD146 WHICH IS ATTACHED TO THIS APPLICATION.

SECTION IV – GENERAL LIABILITY SECTION:

1. LIABILITY OCCURRENCE LIMIT: \$ 300,000 \$ 500,000 \$ 1,000,000
 AGGREGATE LIMIT: SAME AS OCCURRENCE DOUBLE OCCURRENCE

2. PLEASE ESTIMATE FOR THE NEXT 12 MONTHS:

NO OF ACTIVE OWNERS	NO OF EMPLOYEES	*EMPLOYEE PAYROLL	**SUBCONTRACTOR COST	GROSS SALES

**ANNUAL EE PAYROLL – DO NOT INCLUDE PAYROLL FOR CLERICAL OR SALESPERSONS*
***SUBCONTRACTED COSTS = LABOR PLUS MATERIALS YOU PURCHASE FOR YOUR SUBS AND MATERIALS PURCHASED BY SUBS*

3. WHERE DOES APPLICANT WORK? STATES: _____ COUNTIES: _____

4. DESCRIBE YOUR OPERATIONS IN DETAIL INCLUDING TRADES PERFORMED BY APPLICANT & EMPLOYEES:

5. PERCENTAGE OF WORK PERFORMED (EACH LINE MUST EQUAL 100%):
 RESIDENTIAL: _____% COMMERCIAL: _____% INDUSTRIAL: _____% MANUFACTURING: _____%
 NEW CONSTRUCTION: _____% REMODELING: _____% REPAIR: _____%

6. ARE SUB-CONTRACTORS USED? YES NO
 IF SO, ARE CERTIFICATES OF INSURANCE OBTAINED? YES NO
 IF YES, WHAT IS TOTAL COST OF SUB-CONTRACTED WORK? \$ _____
 IF NO CERTIFICATE, ANNUAL PAYROLL OF INDEPENDENT CONTRACTORS? \$ _____

7. ESTIMATE THE NUMBER OF JOBS PERFORMED ANNUALLY (INDICATE ZERO “0” IF NONE):

_____ EXTERIOR JOBS OVER 3 STORIES	_____ JOBS ON HOMES VALUED OVER \$1 MIL
_____ TOTAL JOBS COMPLETED	_____ CONDO PROJECTS
_____ NEW HOMES WORKED ON IN ANY ONE TRACT, SUBDIVISION OR DEVELOPMENT	_____ APARTMENTS, TOWNHOMES OR CO-OP BUILDINGS WITH OVER 12 UNITS

8. CHECK ALL THAT APPLY FOR PERSONS OR ENTITIES NAMED IN THE APPLICATION:

<input type="checkbox"/> ANY CLAIMS AGAIN YOUR INSURANCE IN PAST 5 YEARS	<input type="checkbox"/> FILED ANY MECHANICS LIENS AGAINST CUSTOMERS
<input type="checkbox"/> HAVE ANY LAWSUITS OR ARBITRATION OR DISPUTES IN WHICH YOU ARE BEING ASSISTED BY AN ATTORNEY	<input type="checkbox"/> EVER BEEN SUED OR HAD A DEMAND FOR ARBITRATION REGARDING FAULTY CONSTRUCTION
<input type="checkbox"/> HAVE KNOWLEDGE OF ANY EXISTING PROBLEM OR CONTRUCTION DEFECT ON ONE OR MORE OF YOUR JOBS THAT MAY POTENTIALLY GIVE RISE TO ANY FUTURE CLAIM OR LEGAL ACTION AGAINST SUCH PERSON OR ENTITY.	

9. ACCEPTABLE CONTRACTORS CLASSES:

"X"	DESCRIPTION	CLASS CODE	EMPLOYEE PAYROLL
	Air Conditioning Systems or Equipment	91111	P
	Appliance & Accessories installation, servicing or repair - commercial	91150	P
	Appliance and Accessories installation, servicing or repair -Household	91155	P
	Cable Installation in Conduits or Subways - <i>Any exterior work is excluded</i>	91302	P
	Carpentry - construction of residential property not over three stories	91340	P
	Carpentry – Interior	91341	P
	Carpentry	91342	P
	Carpentry - Shop only	91343	P
	Carpet, Rug, Furniture or Upholstery Cleaning - on Customers premises	91405	P
	Ceiling and wall installation	91436	P
	Communication Equipment Installation	91551	P
	Conduit construction for cables or wires	91577	P
	Debris Removal - construction site	91629	P
	Door, window or assembled Millwork installation	91746	P
	Driveway, Parking area or sidewalk	92215	P
	Drywall or Wallboard Installation	92338	P
	Electrical Apparatus - installation, service or repair	92451	P
	Electrical work within buildings	92478	P
	Fence erection contractors	94276	P
	Floor covering installation	94569	P
	Furniture or fixtures installation in offices or stores - metal or wood	95124	P
	Handyperson - <i>Roofing operations are excluded.</i>	95625	P
	Heating or Combined Heating and Air Conditioning Systems or Equipment dealers or distributors and installation, servicing or repair	95647	P
	Heating or Combined Heating and Air Conditioning Systems or Equipment dealers or distributors and installation, servicing or repair (no LPG equipment sales or work)	95648	P
	House furnishings installation	96503	P
	Interior Decorators	96611	P
	Janitorial Services	96816	P
	Landscaping	97047	P
	Lawn Care Services	97050	P
	Metal Erection - decorative or artistic	97650	P
	Metal Erection - non structural	97653	P
	Owners and Contractors Protective	16292	P
	Office Machines or Appliances, Installation, Inspections, Adjustment, or Repair	98111	P

"X"	DESCRIPTION	CLASS CODE	EMPLOYEE PAYROLL
	Painting – Exterior – buildings or structures	98304	P
	Painting – Interior – buildings or structures	98305	P
	Paperhanging	98344	P
	Plumbing - Industrial and commercial	98482	P
	Plumbing - residential or domestic	98483	P
	Septic tank systems - Installation, servicing or repair	98806	P
	Siding installation	98967	P
	Sign Painting or Lettering - inside of buildings	99003	P
	Sign Painting or Lettering - on buildings or structures	99004	P
	Swimming Pool Servicing	99505	P
	Television or Radio Receiving Set Installation or Repair	99650	P
	Tile, Stone, Marble, Mosaic or Terrazzo Work - interior construction	99746	P
	Water softening equipment - installation, servicing or repair	99948	P
	Window cleaning	99975	P
	Other:		P
TOTAL ANNUAL PAYROLL			P

10. ADDITIONAL INTERESTS:

ADDITIONAL INSURED 1ST _____
 CHECK IF NONE 2ND _____

11. CLAIMS SECTION:

LIST ALL CLAIMS FOR THE PAST FIVE (5) YEARS (MUST INCLUDE HARD COPY LOSS RUNS):

GENERAL LIABILITY CLAIMS: _____

I DELARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

ANY PERSON WHO, WITH THE INTENT TO DEFRAUD OR KNOWING THAT HE OR SHE IS FACILITATING A FRAUD AGAINST AN INSURER, SUBMITS AN APPLICATION OR FILES A CLAIM CONTAINING A FALSE OR DECEPTIVE STATEMENT MAY BE GUILTY OF INSURANCE FRAUD AND SUBJECT TO FINES AND/OR IMPRISONMENT. I AGREE THAT ANY INTENTIONAL CONCEALMENT OR MISREPRESENTATION OF A MATERIAL FACT CONCERNING THIS INSURANCE OR THE SUBJECT THEREOF MAY VOID ANY POLICY ISSUED.

AS PART OF OUR UNDERWRITING PROCEDURES, A ROUTINE INQUIRY MAY BE MADE TO OBTAIN APPLICABLE INFORMATION CONCERNING CHARACTER, GENERAL REPUTATION, AND CREDIT HISTORY. UPON YOUR REQUEST, ADDITIONAL INFORMATION AS TO THE NATURE AND SCOPE OF THE REPORT, IF ONE IS MADE, WILL BE PROVIDED.

 SIGNATURE OF APPLICANT DATE

 SIGNATURE OF PRODUCING AGENT AGENCY NAME AND ADDRESS