



Mandatory Artisan Contractors Supplemental Application

Applicant Name: _____

- 1) Number of years in business under the current business name? -----
- 2) Name of prior insurance carrier for this business? _____
- 3) Has any insurance carrier canceled, declined, or nonrenewed this risk in the past 3 years? _____
If yes, explain: _____
- 4) Has insured conducted business under a DIFFERENT business name other than the one listed on this application in the past 3 years? _____
- 5) How many active owners are there (Active meaning goes out to jobsites)?
- 6) How many full time employees do you have? _____
How many part time employees do you have? _____
- 7) Do you hire day labor? _____
If yes, how many people per day? _____
If yes, how many days per year? _____
- 8) What are your gross annual sales/receipts before expenses? (\$): _____
- 9) What percent of your work do you subcontract out to others on an annual basis? % _____
Example: You take a job to renovate a kitchen but you subcontract the plumbing work to someone else.
- 10) What percentage of your work is done in residential settings? % _____
- 11) What percentage of your work is done in commercial settings? % _____
- 12) What type of commercial settings do you perform work in? _____

- 13) Do you work out of state? _____
If yes, list states and percentage of work in those states _____

- 14) Do you work higher than 3 stories outside? _____
- 15) Do you lease any of your equipment to others? _____
- 16) Where do you store your tools and equipment? _____
- 17) Do you do any excavation or digging? _____
If yes, what machinery is used and how deep are you digging? _____

- 18) Do you demolish whole buildings or structures? _____

Mandatory Artisan Contractors Supplemental Application

- 19) Do you do any roof repairs, tear-offs or re-roofs? _____
- 20) Do you do any asbestos removal? _____
- 21) Do you sand or apply polyurethane to hardwood floors? _____
- 22) Do you do any snow removal at 1-4 family dwellings? _____
(If yes) percent of your annual work. _____%
- 23) Do you do snow removal anywhere other than 1-4 family dwellings? _____
(If yes) percent of your annual work. _____%
- 24) Indicate type of operation by percentage of work (should add to 100%)

Air Conditioning/Heat: _____ %	Appliance /Accessory: _____ %	Cabinetry: _____ %
Carpentry: _____ %	Cleaning Carpets: _____ %	Cleaning Res/Office: _____ %
Doors and Windows: _____ %	Driveway/Sidewalk: _____ %	Drywall: _____ %
Electrical: _____ %	Exterior Painting: _____ %	Fences: _____ %
Flooring: _____ %	Interior Painting: _____ %	Landscaping: _____ %
Mason: Brick/Block: _____ %	Plaster/Stucco: _____ %	Plumbing: _____ %
Tile, Marble Work: _____ %	Underground Services: _____ %	Woodwork Furniture _____ %
Other: _____ %		

*** It is required that you answer the following questions on each operation with a percentage greater than zero. ***

Air Conditioning/Heat (HVAC)

- 1. Do you do any commercial boiler installation or repair? _____
- 2. Do you install or fill propane tanks? _____

Appliance, Accessory Installation & Repair

- 1. Do your operations include sales or delivery of any appliances? _____
- 2. What percentage of your gross revenue is in sales/delivery of appliances? _____%

Cabinetry (Build/Install)

- 1. Do you install cabinets? _____
- 2. Do you build cabinets? _____
(If yes) Do you build on site or do you have a shop? _____
- 3. If you have a shop, is your shop at home or another location? _____
- 4. What method do you use to apply varnish or polyurethane? _____

Cleaning - Carpets & Rugs

- 1. Do you do any fire/flood/water restoration or cleanup? _____

Cleaning - Office and Residential

- 1. Do you do any commercial cleaning other than in offices? _____
- 2. Do you do any commercial construction clean up? _____
- 3. Do you do any floor buffing or waxing in a commercial environment? _____

Mandatory Artisan Contractors Supplemental Application

Driveways/Parking Lots/Sidewalks (Flat Work)

1. Do you do any road work or curbing? _____
2. Do you do any driveway sealing other than brush on? _____

Electrical

1. Do you install or service any security systems or burglar alarms? _____
2. Do you do any work on utility poles? _____
(If yes) What percent? _____%

Fences

1. Do you install security fences (i.e. electric fences, electric gates)? _____
(If yes) What percent? _____%

Landscaping/Gardening

1. Do you remove or work on any trees over 15 feet in height? _____
2. Do you do any stump removal? _____
3. Do you apply any chemicals or fertilizers? _____
(If yes) What percent? _____%
(If yes) Do you use chemicals or fertilizers that require a permit or a license? _____

Masonry (Brick/Block)

1. Do you build any new chimneys? _____
2. Do you do any chimney cleaning? _____

Painting Exterior/Interior

1. Do you do any commercial spray painting? _____
2. Do you do any paint removal with blow torch or heat gun? _____
3. Do you do any powerwashing? _____
(If yes) Is the powerwashing prep for painting work you do? _____

Plaster/Stucco

1. Do you do any EIFS work? _____

Plumbing

1. Do you do any commercial drain cleaning? _____
2. Do you do any commercial boiler work? _____
3. Do you do any work involving sprinkler systems? _____



Mandatory Artisan Contractors Supplemental Application

Underground Services

- 1. What type of underground work do you perform? _____
2. Do you and/or your employees/subcontractors do the excavation or digging? _____
3. What equipment are you using for the excavation or digging that you or your employees/subcontractors perform? _____
4. How deep do you excavate/dig? _____

Woodworking in Furniture & Fixtures

- 1. Describe what you are building or you typically work on. _____
2. Do you build on site or have a shop? _____
3. If you have a shop is it at home or another location? _____

Other

- 1. Describe any other operations you perform _____

Notice of Insurance Information Practices

Personal Information about you may be collected from persons other than you, such information as well as other personal and privileged information collected by our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in our files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Statement

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. (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 subjects such person to criminal and civil penalties. (PA only)

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties. Pursuant to NJAC 11:16. (NJ only)

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. (FL only)

Applicant's Telephone # _____

Date(mm/dd/yy) _____

Applicant's Signature _____

Producer's Signature _____