



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

NAME OF APPLICANT: _____

State/Area of Operations: _____ **Website Address:** _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

1. Applicant Operations:

Number of Owner/Partners: _____ Payroll: _____ No. of Trade Employees: _____

Show by Trade:		Operation is: (% of each)		Type of Work:	
Trade: _____	Payroll \$ _____	General Contractor	_____ %	Residential/New	_____ %
Trade: _____	Payroll \$ _____	Artisan Contractor	_____ %	Residential/Remodeling	_____ %
Trade: _____	Payroll \$ _____	Subcontractor	_____ %	Condos	_____ %
		Total	100 %	Commercial	_____ %
Uninsured Subcontractors:	Cost \$ _____			Industrial	_____ %
Other: _____	Payroll \$ _____			Total	100 %
Insured Subcontractors:	Cost \$ _____				

2. Receipts/Sales: Current Year: _____ Previous Year: _____ Two Years Ago: _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts—Maximum height: _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Indicate percentage of total operations performed by you or subcontractors for the following:

Airports	%	Earthquake Retrofitting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	%
Ammonia Refrigeration Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	%
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	%
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treatment or Remediation	%	Sand Blasting	%
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	%
Boilers	%	Framing (Residential)	%	Over the Hole	%	Soil Stabilization	%
Bridge Work	%	Foundations	%	Petrochemical Plants	%	Surveying	%
Conveyers	%	Grain Elevators	%	Pile Driving	%	Synthetic Stucco	%
Cranes	%	Hazardous Waste	%	Prisons	%	Trailer Hitches	%
Demolition	%	Home Inspections	%	Railroads	%	Underpinning	%
Design	%	LPG	%	Refineries	%	Waterproofing	%
Drilling	%						

Any work on hillsides/slopes (over 15% grade)? Yes No

If yes, percentage of operations:..... %

Any work at landfills? Yes No

If yes, percentage of operations:..... %

Other: _____

7. List the subcontracted trades used and the percentage of total operations:

Carpentry _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Plumbing _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Electrical _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Heating/Air _____ % _____ / _____ % _____ / _____ % _____ / _____ %

8. Liability Controls:

a. Do you use a written contract with customers? Yes No

If no, explain when not required: _____

b. Do you use a written contract with subcontractors? Yes No

If no, explain when not required: _____

- c. Do your contracts contain a hold harmless agreement in your favor? Yes No
 - d. Do you obtain certificates of insurance from all subcontractors? Yes No
- If yes, minimum Limits Required: _____

- e. Are you added as additional insured on the subcontractors' liability policies? Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Do you provide architectural or engineering design services? Yes No

If yes, explain: _____

Do you carry Errors & Omissions coverage for these services? Yes No

- h. Are you a contraction/project manager or consultant? Yes No
- i. Have you been involved in any claims involving construction defects? Yes No

If yes, explain: _____

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.

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:

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.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

Name and Phone Number of person to contact for inspection and/or premium audit purposes: _____

IMPORTANT NOTICE

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.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE