



Max Specialty

# ARTISAN CONTRACTORS APPLICATION

AGENCY INFORMATION

1. APPLICANT INFORMATION

EFFECTIVE DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

TERM: \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

NEW VENTURE:  YES  NO

INDIVIDUAL     CORPORATION     PARTNERSHIP     OTHER (EXPLAIN) \_\_\_\_\_

2. DOES THE APPLICANT OPERATE AS A

GENERAL CONTRACTOR     PROJECT MANAGER     PROJECT OWNER     BUILDER/DEVELOPER     CONSTRUCTION MGR.

IF ANY WORK AS A PROJECT MANAGER, DEVELOPER, OR CONSTRUCTION MANAGER PLEASE DESCRIBE: \_\_\_\_\_

IF ANY WORK AS PROJECT OR CONSTRUCTION MANAGER DOES APPLICANT CARRY AN E&O POLICY?     YES     NO

3. PERCENT OF WORK AS A:

GENERAL CONTRACTOR \_\_\_\_\_%    SUBCONTRACTOR \_\_\_\_\_%    DEVELOPER \_\_\_\_\_%

CONSTRUCTION MANAGER \_\_\_\_\_%    ARTISAN CONTRACTOR \_\_\_\_\_%

4. YEARS IN BUSINESS UNDER THIS NAME: \_\_\_\_\_    TIME AT THIS ADDRESS: \_\_\_\_\_

5. YEARS OF EXPERIENCE IN THIS FIELD: \_\_\_\_\_    LICENSE CLASS/NUMBER \_\_\_\_\_

6. AREA OF OPERATIONS (COUNTY/STATE): \_\_\_\_\_

7. ANY OWNED REAL ESTATE DEVELOPMENT PROPERTY?     YES     NO

IF YES, NUMBER OF ACRES \_\_\_\_\_    NUMBER OF BUILDING SITES \_\_\_\_\_

8. LIMITS OF LIABILITY REQUESTED:    \$ \_\_\_\_\_ OCCURRENCE    \$ \_\_\_\_\_ AGGREGATE

WHAT WORKERS COMPENSATION REQUIREMENTS DO YOU REQUIRE OF YOUR SUBCONTRACTORS? \_\_\_\_\_

9. RECEIPTS EXPECTED DURING COMING POLICY PERIOD:    \$ \_\_\_\_\_

RECEIPTS PAST 4 YEARS:    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_    \$ \_\_\_\_\_

10. PAYROLL OF ACTIVE OWNERS (EXCEPT THOSE EXCLUSIVELY IN CLERICAL OR SALES) \$ \_\_\_\_\_

11. INDICATE FOLLOWING CLASSES INCLUDING 91580 EXECUTIVE SUPERVISORS:

ISO CLASSIFICATION AND CODE	PAYROLL	ISOCCLASSIFICATION AND CODE	PAYROLL

PROVIDE A LIST OF TRADES PERFORMED BY THE NAMED INSURED: \_\_\_\_\_

WHAT IS THE COST AND NUMBER OF ANY LEASED WORKERS?    \$ \_\_\_\_\_ COST    \_\_\_\_\_ NUMBER

WHAT IS THE COST AND NUMBER OR CASUAL LABORERS USED?    \$ \_\_\_\_\_ COST    \_\_\_\_\_ NUMBER

12. ANNUAL SUBCONTRACTED COST (LABOR AND MATERIAL): \$ \_\_\_\_\_  
(INCLUDE COST OF ALL MATERIAL PROVIDED BY YOU, A SUB, AN OWNER OR A BANK.)

13. DOES APPLICANT NORMALLY EMPLOY THE SAME SUBCONTRACTORS?  YES  NO  
(PROVIDE A LIST OF MAJOR SUBCONTRACTORS USED.)

14. DO ALL SUBS PROVIDE CERTIFICATES OF INSURANCE?  YES  NO  
LIMITS REQUIRED OF YOUR SUBCONTRACTORS \$ \_\_\_\_\_ OCCURRENCE \$ \_\_\_\_\_ AGGREGATE  
IS THE APPLICANT AN ADDITIONAL INSURED ON ALL SUBCONTRACTOR'S POLICIES?  YES  NO  
DO ALL SUBCONTRACTORS "HOLD YOU HARMLESS?"  YES  NO  
DOES THE APPLICANT KEEP COPIES OF ALL CERTIFICATES?  YES  NO  
HOW LONG ARE THEY KEPT? \_\_\_\_\_

15. SHOW PERCENT OF WORK PERFORMED IN: (EACH ROW SHOULD EQUAL 100%)

<u>RESIDENTIAL:</u>	%NEW CONSTRUCTION	+	% REMODELING/REPAIRS	+	% DEMOLITION	= 100%
	% RURAL	+	% SUBURBAN	+	% URBAN	= 100%
<u>COMMERCIAL:</u>	%NEW CONSTRUCTION	+	% REMODELING/REPAIRS	+	% DEMOLITION	= 100%
	% RURAL	+	% SUBURBAN	+	% URBAN	= 100%
<u>INDUSTRIAL:</u>	%NEW CONSTRUCTION	+	% REMODELING/REPAIRS	+	% DEMOLITION	= 100%
	% RURAL	+	% SUBURBAN	+	% URBAN	= 100%

16. DO YOU LOAN, LEASE OR RENT EQUIPMENT TO OTHERS?  YES  NO  
IF YES, WHAT TYPE OF EQUIPMENT? \_\_\_\_\_  
WITH OR WITHOUT OPERATOR? \_\_\_\_\_  
RENTAL RECEIPTS WITH OPERATOR \$ \_\_\_\_\_ RENTAL RECEIPTS WITHOUT OPERATOR \$ \_\_\_\_\_

17. HAVE YOU BUILT OR ARE YOU BUILDING ON HILLSIDES, HILLTOPS, COASTAL AREAS,  
FLAT PADS IN FLAT AREAS, LANDFILLS, IN SUBSIDENCE AREAS, OR IN FLOOD ZONES?  YES  NO  
IF YES, PLEASE DESCRIBE \_\_\_\_\_

18. HAVE YOU BUILT OR ARE YOU BUILDING OR REMODELING ANY CONDOMINIUMS,  
TOWN HOUSES OR TRACT HOMES?  YES  NO  
IF YES, PLEASE DESCRIBE \_\_\_\_\_  
NUMBER OF RESIDENTIAL HOMES ANTICIPATED TO BE CONSTRUCTED OVER THE NEXT YEAR? \_\_\_\_\_

19. INDICATE THE NUMBER OF RESIDENTIAL HOMES OR CONDOS BUILT OVER THE PAST THREE YEARS. \_\_\_\_\_  
INDICATE THE NUMBER OF CONDOS REMODELED IN THE PAST THREE YEARS. \_\_\_\_\_

20. ARE YOU CURRENTLY WORKING OR HAVE YOU EVER WORKED IN THE STATE OF NEW YORK?  YES  NO  
IF YES, PLEASE DESCRIBE \_\_\_\_\_

21. DO YOU HAVE ANY FUTURE PLANS OR WOULD YOU CONSIDER WORKING IN THE STATE OF NEW YORK?  YES  NO  
IF YES, PLEASE DESCRIBE \_\_\_\_\_

22. DESCRIBE THE LARGEST JOBS COMPLETED IN THE LAST 10 YEARS:

PROJECT/LOCATION	NATURE OF WORK	RECEIPTS	DATES – START/END

23. DESCRIBE JOBS IN PROGRESS:

PROJECT/LOCATION	NATURE OF WORK	RECEIPTS	DATES – START/END

24. DESCRIBE JOBS SCHEDULED TO BEGIN IN THE COMING POLICY TERM:

PROJECT/LOCATION	NATURE OF WORK	RECEIPTS	DATES – START/END

25. DO YOU PROVIDE WATCHMEN OR SECURITY FOR JOB SITE(S)?  YES  NO  
 ARE SITES FENCED?  YES  NO  
 DESCRIBE YOUR FORMAL SAFETY PROGRAM OR ATTACH COPY \_\_\_\_\_

26. ARE A.I.A. STANDARD CONTRACTS USED?(IF NO, ATTACH SAMPLE COPY OF CONTRACT)  YES  NO  
 27. DO YOU OR YOUR SUBCONTRACTORS FRAME RESIDENTIAL DWELLINGS?  YES  NO  
 IF YES, INDICATE THE NUMBER PER YEAR. \_\_\_\_\_

28. IF EXCAVATING, DO YOU USE "DIG SAFE" OR A SIMILAR METHOD OF CONTACTING UTILITIES PRIOR TO DIGGING?  YES  NO

29. INDICATE % WORK DONE:	<u>BY YOU OR</u>	<u>BY</u>	<u>NOT</u>		<u>BY YOU OR</u>	<u>BY</u>	<u>NOT</u>
	<u>EMPLOYEES</u>	<u>SUBS</u>	<u>DONE</u>		<u>EMPLOYEES</u>	<u>SUBS</u>	<u>DONE</u>
AIRPORTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MOLD REMEDIATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARCHITECTURE/DESIGN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NUCLEAR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ASBESTOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PAINTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLASTING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLASTERING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BOILERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLUMBING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRIDGES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROCESS PIPING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARPENTRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RADON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCRETE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RAILROADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRANES/HOISTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROOFING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DAMS/RESERVOIRS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RE-ROOFING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEMOLITION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLERS/FIRE PREVENTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EXCAVATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYNTHETIC STUCCO (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIREPROOFING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STUCCO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FIRE OR WATER							
RESTORATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STREET/ROAD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GRADING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TUNNELING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HIGHWAYS/ROADS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UTILITIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INSULATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WELDING AT JOB SITES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOINT VENTURE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WORK OVER 3 STORIES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LEAD ABATEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WRAP-UPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MASONRY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE OTHER WORK DONE \_\_\_\_\_

30. LOSS HISTORY FOR THE PAST 5 YEARS: (PLEASE INCLUDE CURRENTLY VALUED, COMPANY ISSUED LOSS RUNS)

POLICY YEAR	NUMBER OF CLAIMS	LOSSES (OPEN/CLOSED)	DETAILS OF LOSSES

31. OF THE ABOVE, HOW MANY INVOLVED LITIGATION/LAWSUITS \_\_\_\_\_

HAS THE APPLICANT BEEN ACCUSED OF FAULTY CONSTRUCTION OR HAD

SIMILAR ALLEGATIONS MADE, WHICH DID NOT LEAD TO A CLAIM?

YES  NO

IF YES, EXPLAIN \_\_\_\_\_

32. EXPIRING CARRIER INFORMATION (PAST 5 YEARS)

CARRIER	LIMIT	SIR/DEDUCTIBLE	PREMIUM

33. LOSS CONTROL:

DOES APPLICANT TEST ALL LAND, EVEN PARTIALLY DEVELOPED, BEFORE PURCHASING FOR DEVELOPMENT?  YES  NO

OR, DOES APPLICANT ONLY RELY ON THE SOILS TESTS SUPPLIED BY THE SELLER?  YES  NO

DOES THE APPLICANT HAVE A SOIL ENGINEER ON STAFF?  YES  NO

IF NOT, IS AN INDEPENDENT SOIL ENGINEER CONTRACTED?  YES  NO

DOES THE SOIL ENGINEER HOLD APPLICANT HARMLESS AND NAME IT AS AN ADDITIONAL INSURED?  YES  NO

DOES APPLICANT EMPLOY AN INDEPENDENT INSPECTOR THAT INSPECTS EACH PHASE OF CONSTRUCTION?  YES  NO

IF SO, WHAT IS THE NAME OF THE INSPECTION COMPANY? \_\_\_\_\_

DURING THE PAST 3 YEARS HAS ANY COMPANY EVER CANCELLED, DECLINED, OR REFUSED TO ISSUE SIMILAR INSURANCE TO THE APPLICANT?  YES  NO

IF YES, PROVIDE DETAILS \_\_\_\_\_

34. MANAGEMENT/QUALITY CONTROL:

PLEASE ATTACH COPY OF THE APPLICANT'S QUALITY CONTROL PROGRAM.

WHAT IS YOUR CONSTRUCTION EXPERIENCE AND THAT OF YOUR KEY PERSONNEL? (ATTACH RESUMES)

NAME	AGE	POSITION	YEARS EXPERIENCE

WHO IN THE APPLICANT'S ORGANIZATION IS RESPONSIBLE FOR CUSTOMER SERVICE? \_\_\_\_\_

HOW LONG DOES THE APPLICANT RESPOND TO COMPLAINTS? \_\_\_\_\_

WOULD THE APPLICANT RESPOND TO HOMEBUYERS' COMPLAINTS AFTER THEIR WARRANTY PERIODS?  YES  NO

IF SO, WHAT IS THE MAXIMUM TIME THE APPLICANT WOULD DO THIS? \_\_\_\_\_

PLEASE DESCRIBE THE PROCESS BY WHICH THE APPLICANT HANDLES HOMEBUYER'S COMPLAINTS, INCLUDING DOCUMENTATION AND FOLLOW-UP WITH THE HOMEBUYER. INCLUDE A DESCRIPTION OF THE APPLICANT'S PROCESS WHEN A SUBCONTRACTOR IS NEEDED FOR REPAIRS. PLEASE INCLUDE THE FOLLOW-UP PROCEDURE AFTER THE REPAIRS HAVE BEEN MADE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DOES THE APPLICANT PROVIDE A HOMEOWNERS MANUAL WHICH DESCRIBES MAINTENANCE SCHEDULES AND PROPER USE OF PROPERTY TO ALL HOMEBUYERS?

YES  NO

ARE HOMEOWNER'S WARRANTY POLICIES PROVIDED TO HOMEBUYERS?

YES  NO

PLEASE ATTACH A SAMPLE HOMEOWNER WARRANTY POLICY.

REMARKS:

APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_