



ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

AGENCY INFORMATION

1. APPLICANT INFORMATION EFFECTIVE DATE: _____
- NAME: _____
- STREET ADDRESS: _____
- CITY, STATE, ZIP: _____
- TELEPHONE: _____ WEBSITE: _____
- TERM: _____ YEARS IN BUSINESS: _____ NEW VENTURE: YES NO
2. INDIVIDUAL CORPORATION PARTNERSHIP OTHER (EXPLAIN) _____
3. GROSS RECEIPTS FOR PRIOR POLICY PERIOD \$ _____ GROSS RECEIPTS ANTICIPATED FOR THIS POLICY \$ _____
4. YEARS OF EXPERIENCE IN THIS FIELD _____ LICENSE CLASS/NUMBER _____
5. NUMBER OF ACTIVE OWNERS (EXCEPT THOSE EXCLUSIVELY IN CLERICAL OR SALES) _____
6. PERCENT OF WORK:
- AS AN ARTISAN CONTRACTOR _____% AS A SUBCONTRACTOR FOR ANOTHER _____% CONSTRUCTION MGR _____%
7. ANY WORK PERFORMED ABOVE THREE (3) STORIES IN HEIGHT? YES NO
8. ANY WORK PERFORMED BELOW GRADE? YES NO
- a. IF YES, MAXIMUM DEPTH _____ FT. _____% OF TOTAL WORK
9. IF EXCAVATING WORK DO YOU USE "DIG SAFE" OR A SIMILAR METHOD OF CONTACTING UTILITIES PRIOR TO DIGGING?

10. DO YOU WORK IN ANY OF THE (5) FIVE BOROUGHES OF NEW YORK? YES NO
11. PERCENT OF WORK PERFORMED IN:
- | | | | | |
|--------------------------|--------------------|---------------------|-----------------------|--------|
| _____ % NEW CONSTRUCTION | _____ % REMODELING | _____ % DEMOLITION | _____ % REPAIR | = 100% |
| _____ % COMMERCIAL | _____ % INDUSTRIAL | _____ % RESIDENTIAL | _____ % INSTITUTIONAL | = 100% |
| _____ % RURAL | _____ % SUBURBS | _____ % URBAN | | = 100% |
12. HAVE YOU WORKED ON ANY CONDOMINIUMS, TOWN HOUSES OR TRACT HOMES IN THE PAST 5 YEARS? YES NO
IF YES, SPECIFY YEARS, NUMBERS, AND LOCATIONS _____
13. DO YOU USE ANY SUBCONTRACTORS YES NO
- a. IF YES, WHAT IS ANNUAL COSTS TO SUBCONTRACTORS _____%
- b. IF YES, IS APPLICANT NAMED AS ADDITIONAL INSURED ON THE GL POLICY OF EACH SUBCONTRACTOR? YES NO
- c. IF YES, ARE CERTIFICATES OF INSURANCE REQUIRED AS PROOF OF COVERAGE? YES NO
14. DO YOU FRAME RESIDENTIAL DWELLINGS? YES NO
- HOW MANY OVER THE PAST 2 YEARS? _____ HOW MANY ANTICIPATED IN THE COMING 12 MONTHS? _____
15. DO YOU HAVE ANY REAL ESTATE DEVELOPMENT PROPERTY? YES NO

IF YES, HOW MANY ACRES AND WHAT IS TO BE DEVELOPED? _____

16. ANY FOUNDATION WORK? YES NO
17. ANY VACANT LAND IF YES, NUMBER OF ACRES _____ YES NO
18. HAS OR WILL THE APPLICANT EVER BE INVOLVED IN THE CONSTRUCTION OF TRACT HOUSING, APARTMENT, CONDOMINIUMS OR TOWN-HOUSES? YES NO
19. DO YOU DO ROOFING? COMMERCIAL _____% RESIDENTIAL _____% YES NO
 DO YOU DO RE-ROOFING? COMMERCIAL _____% RESIDENTIAL _____% YES NO
20. DO YOU USE OR HAVE YOU USED SYNTHETIC STUCCO (EIFS or DRYVIT)? YES NO
21. DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS? YES NO
 a. IS SCAFFOLDING OWNED RENTED LEASED
 b. IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS YES NO
 c. DOES APPLICANT USE ANY OF THE FOLLOWING EQUIPMENT
 SCISSOR LIFT AERIAL LIFT ARTICULATING BOOM LIFTS CRANES CHERRY PICKER
22. ANY LEAD, ASBESTOS, MOLD OR RADON REMOVAL OR REMEDIATION? YES NO
23. LIST ISO CLASS AND NUMBER OF EMPLOYEES INCLUDING PAYROLL:

CLASSIFICATION	PAY ROLL	CLASSIFICATION	PAY ROLL	CLASSIFICATION	PAY ROLL
Carpentry Exterior < 3 Stories (Residential)		Door/Window Installation		Concrete (Foundations/Retaining Walls)	
Carpentry - Interior		Driveway/Parking Lot Paving		Drilling	
Carpentry NOC Commercial		Drywall		Earthquake Reinforcement	
Electrical - w/in Buildings		Electrical Apparatus Install		Excavating	
HVAC		Electrical Contractors		Fireproofing	
Landscape Gardening		Executive Supervisors		Handyperson	
Masonry		Floor Covering Installation		Insulation	
Painting Exterior <3= Stories		Furniture/Fixture Installation		Interior Demolition	
Painting - Interior		Home Furnishing Installation		Exterior Plastering/Stucco	
Plumbing - Commercial		Interior Decorators		Power Line Or Pole Work	
Plumbing - Residential		Painting - Shop Only		Process Piping	
Tile Or Marble Work		Paperhanging		Roofing	
Tree Pruning		Plastering- Interior		Siding Installation	
Air Conditioning Systems		Sign Painting - Exterior		Steel - Ornamental	
Cable Installation		Sign Painting - Interior		Steel - Structural	
Carpentry Shop Only		Truckers - Household Goods		Underground Storage Tanks	
Carpet/Rug/Furniture Cleaning		Upholstering		Waterproofing	
Ceiling Wall Installation - Metal		Window Cleaning		Other:	

24. APPLICANT SIGNATURE: _____ DATE: _____
25. PRODUCER NAME: _____ SIGNATURE _____
- ADDRESS: _____