



Artisan/Trade Contractors Product

ARTISAN/TRADE CONTRACTORS APPLICATION

This application may only be used for eligible Artisan/Trade Contractor classes listed on page two of this application that do not have more than \$50,000 in subcontracted work. If the applicant has more than \$50,000 in subcontracted work, please complete and submit our Artisan/General Contractors Supplemental Application (CSA 4/07).

- 1. Applicant Name:
2. Mailing Address:
3. Location Address:
4. Audit Contact: Phone Number:
5. Website Address: Email Address:
6. Limit: 100/200 300/300 300/600 500/500 500/1,000 1,000/1,000 1,000/2,000
7. Projected Annual Sales:
8. How long has the applicant been in business?
9. List all states where construction activity is planned:
10. For Applicants located in Connecticut, New Jersey or New York: Is any work performed in the following boroughs of New York - Bronx, Brooklyn, Manhattan or Queens
11. Projected cost of Subcontracted work (Includes labor & materials) \$
a. If subcontractors are used, the applicant requires certificates of insurance evidencing General Liability Coverage
12. The applicant will need additional insured endorsements
13. The applicant has no past, present, or future operations in Alaska, Colorado, Louisiana, or West Virginia
14. The applicant does not have any past allegations or claims involving construction defect
15. The applicant has not been in business for more than 12 months with no prior coverage
16. The applicant has never, or will not during our policy term, be involved in projects in any capacity for the construction of new apartments, condominiums, townhouses or tract homes
17. The applicant does not have any prior, existing or pending bankruptcy in the last 5 years
18. The applicant does not perform any:
a. Wood floor sanding or refinishing
b. Exterior operations in excess of 4 stories
c. Installation of overhead garage doors
d. Alarm monitoring or security system installation, service, maintenance or repair work
e. Rigging work or use of cranes
f. Ice or snow treatment/removal services
g. Fire, water, soot, mold, asbestos or any other type of property damage remediation
h. Fire suppression or sprinkler work
i. Work in correction or medical/surgical facilities, including nursing homes and assisted living facilities
j. Boiler system installation, service or repair
k. Work on foundations or chimneys
l. Waterproofing operations
m. Demolition work (except incidental non-load bearing interior work)
n. Work involving adding stories onto existing structures

19. Loss information for the past 3 years: None

Table with 4 columns: Year, # of Claims, Incurred Amounts, Description of Claim. Contains 3 rows for data entry.

20. Indicate the operations conducted by the applicant by providing the payroll (including casual labor) for each trade performed by the applicant:

Classification	Payroll	Classification	Payroll
Air Conditioning Systems	\$	Interior Decorators	\$
Carpentry - Residential <= 4 Stories	\$	Landscape Gardening	\$
Carpentry - Interior	\$	Lawn Care Services	\$
Carpentry - Commercial	\$	Masonry	\$
Carpentry Shop Only	\$	Painting - Exterior	\$
Carpet, Rug, Furniture Cleaning	\$	Painting - Interior	\$
Ceiling or Wall Installation-Metal	\$	Painting - Shop Only	\$
Door/Window Installation	\$	Paperhanging	\$
Driveway/Parking/Sidewalk Paving	\$	Plumbing - Commercial/Industrial	\$
Dry Wall/Wallboard Installation	\$	Plumbing - Residential	\$
Electrical Apparatus Installation	\$	Siding Installation	\$
Electrical Contractors	\$	Sign Painting - Inside Buildings	\$
Electrical Work - Within Buildings	\$	Sign Painting - On Buildings	\$
Floor Covering - Not Ceramic/Stone	\$	Tile/Stone/Marble Work	\$
Furniture or Fixture Installation	\$	Tree Pruning	\$
HVAC - No LPG	\$	Upholstering	\$
House Furnishing Installation	\$	Upholstering - Shop Only	\$
Insulation Work - Mineral	\$	Window Cleaning	\$

21. There are no operations in any classes other than those listed above

True False

22. Describe the 3 largest jobs undertaken in the past 3 years:

Description	Location (City, State)	Cost	Duration
		\$	
		\$	
		\$	

23. Does applicant need to name an entity on a Waiver of Subrogation?

Yes No

Name	Address (Street, City, State, Zip Code)	Interest

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado division of insurance within the department of regulatory agencies.

District of Columbia Fraud Statement: WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida Fraud Statement: 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.

Kentucky Fraud Statement: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

Maine and Washington Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York 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.

Ohio Fraud Statement: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Oklahoma Fraud Statement: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania 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 subjects such person to criminal and civil penalties.

Tennessee and Virginia Fraud Statement: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

Fraud Statement (All Other States): Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's Signature _____ Title _____ Date _____
(Owner or Officer)

Broker's Signature _____

Some states require that we have the Name and Address of your (Insured's) Authorized Agent or Broker.

Name of Authorized Agent or Broker _____

Address: _____

Mail complete application through local Agent or Broker to: _____