

ARTISAN CONTRACTOR GENERAL LIABILITY APPLICATION

Applicants Name _____ Agency Name _____
 _____ Address _____
 Mailing Address _____
 _____ Phone Number _____
 Location _____ Fax Number _____

If Location is same as Mailing address, check here

Location County _____ Proposed Effective Date: From _____ to _____

Applicants Phone Number _____

LIMITS OF LIABILITY REQUESTED	PREMIUMS
General Aggregate \$ _____	Premises/Operations \$ _____
Products/Completed Ops Aggregate \$ _____	Products/Completed Ops \$ _____
Personal & Advertising Liability \$ _____	Other \$ _____
Each Occurrence \$ _____	Policy Fee \$ _____
Fire Damage (any one fire) \$ _____	Premium Tax \$ _____
Medical Expense (any one person) \$ _____	Total \$ _____
Other Coverages, Restrictions, Endorsements	
<input type="checkbox"/> BI <input type="checkbox"/> PD Deductible \$ _____	\$ _____

Please answer all questions. If they do not apply, indicate N/A for "Not Applicable."

1. Describe all business operations conducted by the applicant in detail: _____

2. Additional Location (s) _____

3. Applicant is: Individual Corporation Partnership (Need all Names) Joint Venture LLC
 Other (please specify) / Names of all Partners, etc.): _____

4. Management: Number of years in operation: _____ If a New Venture or No Prior Coverage, check here:

If new operation, new venture, or no prior coverage, number of years of related experience: _____

5. Employees: NO. APPLICANTS, OWNERS, OFFICERS OR PARTNERS _____ PAYROLL _____

NO. ALL OTHER EMPLOYEES _____ PAYROLL _____

SCHEDULE OF HAZARDS

LOC #	CLASSIFICATION DESCRIPTION	CLASS CODE	TOTAL PREMIUM BASIS

(p) PAYROLL
 (s) GROSS SALES
 (a) AREA / SQ. FT.
 (c) TOTAL COST
 (u) EACH / per each
 (t) OTHER / per unit

PRIOR CARRIER INFORMATION

Year _____ Year _____ Year _____ Year _____

Carrier			
Policy Number			
Premium			

6. Any losses in the last three years? _____ If yes, describe fully: _____

7. Any additional insureds? Yes No If yes, name(s) and their interest: _____

8. Any waiver of subrogation requirements? Yes No If yes, please describe: _____

GENERAL INFORMATION

(Explain all "Yes" responses below.)

	YES	NO		YES	NO
1. Exposure to flammables, explosives, chemicals, pesticides or herbicides?	<input type="checkbox"/>	<input type="checkbox"/>	11. Any operations sold, acquired, or discontinued in the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
2. Exposure to asbestos?	<input type="checkbox"/>	<input type="checkbox"/>	12. Is applicant a subsidiary of another entity or does applicant have subsidiaries?	<input type="checkbox"/>	<input type="checkbox"/>
3. Exposure to radioactive materials?	<input type="checkbox"/>	<input type="checkbox"/>	13. Does insured subcontract any work? If yes, what percentage? _____	<input type="checkbox"/>	<input type="checkbox"/>
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous materials? (e.g. landfills, waste, fuel tanks)?	<input type="checkbox"/>	<input type="checkbox"/>	13a. Are certificates of insurance required of all subcontractors? If yes, are limits of insurance the same as ours? If not applicable, check here: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Any watercraft, docks, floats owned, hired or leased by the insured?	<input type="checkbox"/>	<input type="checkbox"/>	14. Any sporting or social events sponsored?	<input type="checkbox"/>	<input type="checkbox"/>
6. Any work over 3 stories or use of cranes or booms?	<input type="checkbox"/>	<input type="checkbox"/>	15. Does applicant manufacture any products?	<input type="checkbox"/>	<input type="checkbox"/>
7. Any demolition, blasting or tunneling work?	<input type="checkbox"/>	<input type="checkbox"/>	16. Any commercial floor waxing?	<input type="checkbox"/>	<input type="checkbox"/>
8. Any structural alterations?	<input type="checkbox"/>	<input type="checkbox"/>	17. Any use of waterproofing or pressure equipment over 3,000 PSI?	<input type="checkbox"/>	<input type="checkbox"/>
9. Any machinery/equipment loaned or rented to others?	<input type="checkbox"/>	<input type="checkbox"/>	18. Any policy or coverage declined, canceled, or non-renewed during the last three years?	<input type="checkbox"/>	<input type="checkbox"/>
10. Any sales, servicing of alarm or fire systems?	<input type="checkbox"/>	<input type="checkbox"/>			

If yes, explain: _____

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.

This application does not bind YOU nor US to complete this insurance, but it is agreed that the information contained herein shall be the basis of the contract, should a policy be issued.

NOTICE: BY SIGNING THIS APPLICATION, I AM ATTESTING TO THE ACCURACY OF INFORMATION PROVIDED BY THE APPLICANT. IF ANY INFORMATION IS FOUND TO BE FALSE OR MISLEADING AND WOULD ALTER THE COMPANY'S DECISION TO PROVIDE THE INSURANCE COVERAGE APPLIED FOR, IT IS AGREED BETWEEN THE COMPANY AND APPLICANT, THAT COVERAGE IF UNDER BINDER OR POLICY IS SUBJECT TO IMMEDIATE CANCELLATION.

Applicant's Signature _____ Date _____

Producer's Signature _____ Date _____