

# ARTISAN CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL

Quote Identifier \_\_\_\_\_  Bind this as soon as possible.  I would like a PIPCO finance agreement.

## INSURED INFORMATION

Applicant _____ (List all Owners)	DBA _____
Business Address _____	Mailing Address _____ <input type="checkbox"/> (Same as Business Address)
Contact _____ <input type="checkbox"/> (Same as Insured)	Contact Phone Number _____

## AGENCY INFORMATION

Agency Name _____	Agent's Name _____	
Agency Address _____		
Phone _____	Fax _____	Email _____

## NEW VENTURE SUPPLEMENTAL

Years under current name:  If less than 3 years the rest of this section is required else you may skip it.

Date business established:  Years of related experience:

List all business names that applicant/owner has owned in past:

Brief summary of experience:

## LOSS HISTORY

This business has had \_\_\_\_\_ general liability claims, totaling \_\_\_\_\_ (paid and reserve) within the past three (3) years.

There are \_\_\_\_\_ open claims.

Have you had more than one construction defect claim?  Yes  No

## PROGRAM SPECIFIC INFORMATION

1) Business Description

2) Contractors License Number

3) Number of Owners

Number of Employees

4) What percentage of work do you subcontract

5) Direct payroll excluding principals

Insured Subcontract Costs

Uninsured Subcontract Costs

Gross Receipts Last Year

Estimate Gross Receipts This Year

6) List the operations you regularly subcontract to **uninsured** subcontractors

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7) Any waiver of subrogation requirements?

Yes  No

8) Do you remove asbestos insulation or asbestos containing material mungus, mold, or install insulation materials other than fiberglass or rock wool?

Yes  No

9) Do you work over 3 stories or use cranes or booms?

Yes  No

10) Do you sell, install, service, or repair alarm systems, fire extinguishing systems, boilers, escalators, elevators, surveillance systems, or TV monitoring systems, either commercial or residential?

Yes  No

11) Do you manufacture any products?

Yes  No

- 12) Any commercial floor waxing?  Yes  No
- 13) Any use of water proofing or pressue equipment over 3000 PSI?  Yes  No
- 14) Do you sell, install, service, or repair wood, coal, or waste burning stoves?  Yes  No
- 15) Do you work on student housing, senior housing, assisted living facilities or retirement homes except for repair or remodeling of not more than one unit within a development?  Yes  No
- 16) Are you involved in the sale of chemicals, or the application of chemicals, such as herbicides or pesticides, to property?  Yes  No
- 17) Are you involved in fiber optic cable work or installation?  Yes  No
- 18) Are you involved in excavation tunneling?  Yes  No
- 19) Do you do any prefab steel construction?  Yes  No
- 20) Do you do any recreational or playground construction?  Yes  No
- 21) Do you do any officer, owner, or partner have a prior felony conviction?  Yes  No
- 22) Do you do any restoration work involving smoke, fire, water, or eathquake damage?  Yes  No
- 23) Are you involved in any exterior spray painting work?  Yes  No
- 24) Do you work on condominiums, townhouses, apartments or tracts over 5 units at any one time; except for repair or remodeling of not more than 5 units within a development at any given time?  Yes  No
- 25) Do you perform or sublet any demolition or blasting operations?  Yes  No
- 26) Do you perform work for petroleum, industrial, or chemical facilities?  Yes  No
- 27) Have you been personally bankrupt or the principal in a company that has been bankrupt the past five years?  Yes  No
- 27) Do you have operations/work on or for airport, elevator, environmental remediation, railroad, roofing, swimming pool construction, traffic lights, underground tanks, skylights, EFIS?  Yes  No

Please explain any 'Yes' answers above or enter any comments you may have about this risk:

List additional insured's

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_  
Producer \_\_\_\_\_ Date \_\_\_\_\_