

ARTISAN CONTRACTOR GENERAL LIABILITY QUESTIONNAIRE

APPLICANT INSTRUCTIONS

Please answer all of the questions. If the answer to any questions is NONE, please state NONE. Do not use *N/A* or *Not Applicable*. Please carefully read the statement at the end of this application and provide copies of all information requested.

NOTE: throughout this questionnaire the words "you" and "your" include all entities seeking coverage.

APPLICANT INFORMATION

Proposed Effective Date of Insurance:

A. Full Name of the applicant and all subsidiary companies:

B. Address of home office or principal location:

C. List of additional locations:

D. Website: www. _____

E. License # _____ State(s): _____

F. Please select one: Corporation Partnership Proprietorship Other _____

G. How many years have you been in business under the current name?

H. Prior to the existence of this operation, have any of the principals, partners or owners ever been engaged in this or similar enterprises under a different name? Yes No *(If yes, list details in the space at the end of the application)*

I. Please provide the name and telephone number of the person we may contact in order to arrange for an inspection of your operation:

Name: _____

Title: _____

Phone #: _____

COVERAGE SPECIFICATIONS:

Limits of Insurance Requested:

Each Occurrence \$ _____ Aggregate \$ _____ Deductible \$ _____

Present Insurer: _____

Expiring Premium: \$ _____

Has any insurer ever cancelled, restricted or refused to renew your liability insurance? Yes No *(If yes, list details in the space at the end of the application)*

CONTRACTING OPERATIONS:

Please provide a complete description of your operations including any work that has been discontinued

A. Do you use subcontractors? Yes No
 If YES, what are the total Subcontracted Cost (Includes costs of subcontractors in addition to labor & materials) \$
 What is the percentage of Subcontracted Costs: %

B. Are certificates of insurance required from all contractors? Yes No
 What limits are required? \$

C. Are you added as an additional insured by all sub contractors? Yes No

D. Are you held harmless by sub contractors via a written contract? Yes No
**Please note, a copy of contract may be required at binding*

E. Is a formal safety plan in operation? Yes No

F. Please complete each section below. **The total to equal 100%**

Residential:	%				
Commercial:	%				
Industrial:	%	New Construction:	%	Interior:	%
Public Works:	%	Remodeling/Repair:	%	Exterior	%
Total:	100	Total:	100	Total:	100

Residential work questions continued:

1. Will you work on any new tract work? Yes No
2. Will work on any new condos? Yes No
3. Will you work on any new townhomes or duplexes? Yes No
4. Will you work on any new apartments? Yes No
5. Will you work on medical facilities? Yes No

Work Performed - indicate % of work by class (**total direct = 100% / total sub work = 100%**)

OPERATIONS	DIRECT	SUBS	OPERATIONS	DIRECT	SUBS	OPERATIONS	DIRECT	SUBS
Blasting			Foundation			Plumbing (res)		
Bridge Work			Grading			Plumbing (com)		
Carpentry			Gutters			Railroad		
Concrete			Handyman			Roofing		
Debris Removal			Insulation			Sewer		
Demolition			Janitorial			Siding		
Drilling			Landscaping			Steel (structural)		
Drywall			Masonry			Tile/Stone		
Electrical			Painting (ext)			Other (explain):		
Excavation			Painting (int)					

For G through Q, please explain any "Yes" answers in the space at the end of the application.

- G. Do you draw plans, designs or specifications? Yes No
- H. Do your operations include blasting or utilize or store explosive material? Yes No
- I. Do your operations include excavation, tunneling, underground work or earth moving? Yes No
- J. Do your operations include the use of any cranes or scaffolding? Yes No
- K. Do your operations include any bridge work? Yes No
- L. Do your operations involve storing, treating, discharging, applying, disposing of or transporting of hazardous material? Yes No
- M. Do you perform work under any wrap up agreements - prior jobs or planned? Yes No
If YES, is that insured under a separate policy? Yes No
- N. Any medical facilities work done? Yes No
- O. Any operations sold, acquired or discontinued in last 5 years? Yes No
- P. Will you or have you performed work above 3 stories other than interior remodeling? Yes No
- Q. Will you do any foundation work in the upcoming year? Yes No

RECEIPTS AND PAYROLL

Estimated (next 12 months): Receipts \$ _____ Payroll \$ _____
 Past 12 months: Receipts \$ _____ Payroll \$ _____
 2nd Prior Year: Receipts \$ _____ Payroll \$ _____
 3rd Prior Year: Receipts \$ _____ Payroll \$ _____
 4th Prior Year: Receipts \$ _____ Payroll \$ _____

Number of owners officers and partners active at job sites _____ x \$33,600 = \$ _____

Payroll of employees not including owners: \$ _____

CLAIMS INFORMATION

Please list all claims information representing the last 5 years. If no claims in last 5 years, please check box **NO CLAIMS**

Insurance Carrier	Policy Term	# Claims	Total Incurred	Deductible or SIR Amount
			\$	\$
			\$	\$
			\$	\$
			\$	\$
			\$	\$

Please attach any currently valued (dated within 60 days of the date this application is completed) hard copy loss runs or no known loss letter on insured's letterhead signed by the insured. Please include insurance carrier loss runs and, if applicable, loss runs from any third party administrator hired by the insured to handle claims within a self insured retention.

- A. Are you aware of any other incidents, conditions, circumstances, defects or suspected defects, injuries or property damage which may result in claims against you? Yes No *(if Yes, please provide details in the space at the end of this application)*
- B. If you have been self insured or have had self insured retention, who adjusted the claims and established reserves?
- C. Have you ever been involved or named in any class action, multi claimant or multi district litigation or lawsuit? Yes No *(if Yes, please provide details in the space at the end of this application)*

Please list largest **current or planned** projects for the next year, including value of project:

START DATE	FINISH DATE	PROJECT VALUE	DESCRIPTION
		\$	
		\$	
		\$	

Please list largest **completed** projects in the last 5 years, including value of project:

START DATE	FINISH DATE	PROJECT VALUE	DESCRIPTION
		\$	
		\$	
		\$	

***** PLEASE USE SPACE BELOW FOR ALL YES ANSWERS *****

PLEASE CHECK THE PREVIOUS PAGES TO ENSURE THAT ALL QUESTIONS HAVE BEEN ANSWERED. By signing this application, I am attesting to the accuracy of the information provided. If any information provided by the applicant in this application 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 the applicant that the coverage, if under binder or policy is subject to immediate cancellation.

Signature of Applicant: _____ Date: _____

Print Name and Title: _____

Name of Broker: _____

NOTE: Completion of this application creates no obligation upon the applicant to accept insurance or upon Tangram Insurance Services to offer insurance.