



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. Form of business: Individual, Corporation, Partnership, LLC, Other
3. Mailing address: City, State, Zip
4. Location address: Same as mailing address, City, State, Zip
5. Audit contact: Phone number
6. Web site address: E-mail address
7. Limit: \$100/\$200, \$300/\$300, \$300/\$600, \$500/\$500, \$500/\$1,000, \$1,000/\$1,000, \$1,000/\$2,000
8. Projected annual sales:
9. How long has the applicant been in business?
10. List all states where construction activity is planned:
11. 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
12. Projected cost of subcontracted work (includes labor & materials) \$
13. If subcontractors are used, the applicant requires certificates of insurance evidencing general liability coverage
14. The applicant will need additional insured endorsements
15. The applicant has no past, present or future operations in Alaska, Colorado, Louisiana or West Virginia
16. The applicant does not have any past allegations or claims involving construction defect
17. The applicant has not been in business for more than 12 months with no prior coverage
18. 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
19. No past, pending or planned bankruptcy or judgment for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years
20. The applicant does not perform any:
a. Wood floor sanding or refinishing
b. Exterior operations in excess of 4 stories or above 50 feet from ground level
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 involving medical facilities (other than doctor's office), surgical facilities, nursing homes or assisted living facilities during applicant's time in business or planned for our policy term
j. Boiler system installation, service or repair
k. Work on foundations or chimneys
l. Waterproofing operations
m. Pollution or abatement work
n. Demolition work (except incidental non-load bearing interior work)

20. Loss information for the past three years:  None

Year	# of Claims	Incurred Amounts	Description of Claim
		\$	
		\$	
		\$	

21. 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	\$

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

True  False

23. Describe the three largest jobs undertaken in the past three years:

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

24. Does applicant need to name an entity on a waiver of subrogation?

Yes  No

If "Yes," provide below information:

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 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:** You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

**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 \_\_\_\_\_