



Commonwealth
Underwriters Ltd.

P.O. Box 5441 Richmond, VA 23220
Phone: 800-396-6226
Fax: 888-359-6994
www.commund.com

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability application)

DATE: _____

NAME OF APPLICANT: _____

State/Area of Operations: _____ **Website Address:** _____

Provide details of all your operations: _____

Other business ventures: _____

1. Applicant Operations:

Number of Owners/Partners: _____ Payroll: _____ No. of Trade Employees: _____

SHOW BY TRADE	PAYROLL	OPERATION	PERCENT	TYPE OF WORK	PERCENT
	\$	General Contractor	%	Residential/New	%
	\$	Artisan Contractor	%	Residential/Remodeling	%
	\$	Subcontractor	%	Condos	%
	\$		%	Commercial	%
	\$		%	Industrial	%
Uninsured Subcontractors	\$		%		%
Other	\$		%		%
Insured Subcontractors	\$		%		%
Total	\$	Total	100 %	Total	100 %

2. Receipts/Sales: Current Year: _____ Previous Year: _____ Two Years Ago: _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts—Maximum height: _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project

6. Indicate percentage of total operations performed by you or subcontractors:

Airports _____ %	Demolition _____ %	Marina _____ %	Sand/Gravel _____ %
Asbestos Removal _____ %	Design _____ %	Mining _____ %	Sand Blasting _____ %
Blasting _____ %	Drilling _____ %	Oil and Gas _____ %	Soil Testing _____ %
Boilers _____ %	Excavating _____ %	Pile Driving _____ %	Surveying _____ %
Bridge Work _____ %	Foundations _____ %	Prisons _____ %	Synthetic Stucco _____ %
Conveyers _____ %	Grain Elevators _____ %	Railroads _____ %	Underpinning _____ %
Cranes _____ %	Hazardous Waste _____ %	Roofing _____ %	
Other: _____			

7. List the subcontracted trades used and the percentage of total operations:

Carpentry _____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Plumbing _____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Electrical _____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Heating/Air _____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %

8. Liability Controls:

- Do you use a written contract with customers? ☐ Yes ☐ No
If no, explain when not required: _____
- Do you use a written contract with subcontractors? ☐ Yes ☐ No
If no, explain when not required: _____
- Do your contracts contain a hold harmless agreement in your favor? ☐ Yes ☐ No
- Do you obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No
If yes, minimum Limits Required: _____
- Are you added as additional insured on the subcontractors' liability policies? ☐ Yes ☐ No
- Do you have Workers' Compensation coverage in force? ☐ Yes ☐ No
- Do you provide architectural or engineering design services? ☐ Yes ☐ No
If yes, explain: _____
Do you carry Errors & Omissions coverage for these services? ☐ Yes ☐ No
- Have you been involved in any claims involving construction defect? ☐ Yes ☐ No
If yes, explain: _____

9. Artisan Contractors Program Rating Worksheet

Classification	Class Code	Rate	Increased Aggregate Limit	Debit/Credit	Final Rate	Exposure	Premium
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=
			X	X	=	X	=

		Number of Additional Insureds	Flat Charge	Premium
Additional Insured	49950			
		Total Premium Subject to M.P.	\$	

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

APPLICABLE IN THE STATE OF NEW YORK:

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.

FRAUD WARNING:

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.

APPLICANT'S SIGNATURE _____ Date _____

AGENT NAME _____ AGENT LICENSE NUMBER: _____

(Applicable to Florida Agents Only.)

Name and Phone Number of person to contact for inspection and/or premium audit purposes _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written requests, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE