



**COLONY NATIONAL INSURANCE COMPANY  
FLORIDA ADMITTED  
ARTISAN CONTRACTORS  
PROGRAM APPLICATION**

\_\_\_\_\_ General Agent Name

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Location Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Proposed Effective Date: \_\_\_\_\_

Contact Name/Phone No. for Inspection/Audit: \_\_\_\_\_ / \_\_\_\_\_

Occupational/Contractors License #: \_\_\_\_\_

Legal Entity: \_\_\_\_\_ Individual \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ (Other) \_\_\_\_\_

**GL LIMITS:** Complete Artisan Contractors Worksheet

**PROPERTY/INLAND MARINE/CRIME LIMITS:** Complete Acord App./Artisan Contractors Worksheet

**UNDERWRITING INFORMATION:**

- Description of Operation(s): \_\_\_\_\_
- Years in Business: \_\_\_\_\_
- Years of Experience: \_\_\_\_\_
- Owner/Partner (\$15,000 ea.): \$ \_\_\_\_\_
- Employee Payroll: \$ \_\_\_\_\_
- Subcontractor Cost: \$ \_\_\_\_\_
- Total Receipts: \$ \_\_\_\_\_
- Risk is a (% of each):
 

New Construction	_____%	Roofing	_____%
Remodeling/Additions	_____%	Residential	_____%
Repair/Service Work	_____%	Commercial	_____%

**CONTRACTORS QUESTIONNAIRE:**

Explain "Yes" answers to following in REMARKS SECTION – Page 2:

Yes	No	Is the Applicant a General Contractor? <b>If Yes, the Risk is not eligible for Coverage.</b>	Yes	No	Are Sub-contractors used? <b>If Yes, complete subcontracted work section below.</b>
Yes	No	Any-out-of-State Operation(s)?	Yes	No	Are there any Guarantees, Warranties or Hold Harmless Agreements?
Yes	No	Any Demolition Work done?	Yes	No	Are you involved in the initial construction of habitational dwellings?
Yes	No	Equipment Loaned/Rented/Leased to Others?	Yes	No	Does Applicant provide Supervisors or Foremen for subcontracted Operations?
Yes	No	Any Exposure to Radioactive/Nuclear Materials?	Yes	No	Does Applicant draw Plans, Designs or Specifications?
Yes	No	Operation(s) involve Discharge of Fumes, Acids, Wastes?	Yes	No	Are any Explosive Materials used?
Yes	No	Sporting or Social Events sponsored?	Yes	No	Does Applicant install, service or demonstrate Products?
Yes	No	Have you ever been named in a Construction defect suit?	Yes	No	Are you involved with structural improvements?

REMARKS: \_\_\_\_\_

Additional Insured  Certificate Recipients? (Provide Complete Name, Address and Interest)

**COMPLETE FOR SUBCONTRACTED WORK:**

- What work are the subcontractors hired to do?  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
- Are certificates of insurance obtained **prior** to subcontractors starting work? \_\_\_\_\_ Yes \_\_\_\_\_ No  
 Minimum Limits Required \$ \_\_\_\_\_
- Are you named as an additional insured on the subcontractor's policy? \_\_\_\_\_ Yes \_\_\_\_\_ No
- Do subcontractors carry Worker's Compensation? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Loss Information** – List all Liability Losses within past Three (3) Years.

**IF NONE, CHECK HERE**

<u>Date of Loss</u>	<u>Amount Paid</u>	<u>Reserve</u>	<u>Description of Loss</u>
---------------------	--------------------	----------------	----------------------------

\_\_\_\_\_  
\_\_\_\_\_

**Prior Insurance Information** - Has coverage ever been Denied, Cancelled or Non-renewed within past three (3) years?  Yes  No If Yes, Explain \_\_\_\_\_

\_\_\_\_\_

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: _____	Date: _____
Producer: _____	Date: _____
Producer License #: _____	Date: _____

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.**