

## **Artisan Contractors Supplemental Application**

(Complete in addition to ACORD)

	Business Name:								
	Mah Cita Address								
	Applicant's Contact Name: Applicant's Contact Phone No								
Applicant's Contact Email Address:						_			
	Year(s) in business under this name:  Year(s) of experience in this field:  License class/number:								
	Do you allow your license to be used by others to obtain a permit without your supervision on the job site?								
	Percentage of work as an Artisan contractor?								
	Percentage of work as a subcontractor? (working for General Contractor/Developer) %								
	Gross sales for prior policy period: \$								
	Gross sales anticipated for this policy period: \$								
	Number of active owners and their classification(s) or trade(s):								
	Number of employees in your specialized classes or trades (other than owners and clerical):								
	<b>0</b> 1 10 11		# of Employees						
	Classification or		(Other Than Owners)		Payroll				
	a			\$					
	b								
	C			_					
	d			\$					
	e			\$					
	Do you use any subcontractors?								
	(Include cost of all material provide								
	Do you normally employ the same	• •	who or a barm.)		☐ Yes				
	Provide a list of major subcontract		a if mare appear is peeded )						
	Provide a list of major subcontract	ors used. (Attach pag	e il more space is needed.)						
	Do all subs provide Certificates of				☐ Yes	_			
	Limits required of your subcontract	tors: \$	Occurrence \$		_ Aggrega	ate			
	Is the applicant an Additional Insur	red on all subcontracto	or's policies?		☐ Yes	☐ No			
	Do all subcontractors "Hold you ha	armless"?			☐ Yes	☐ No			
	Does the applicant keep copies of	all certificates?			☐ Yes	☐ No			
	How long are they kept?				_	_			
	Explain any "No" responses to que	etion 14:							
	Explain any "No" responses to question 14:								
	Attach sample copy of agreements interests and any hold harmless w		subcontractor agreements,	additional insu	ireds and	their			
	Do you own any real estate develo	<u> </u>			☐ Yes				
	If yes, how many acres and what is				□ 162				
	Show percent of work performed in		ach line = a h & c = shoul	ld total 100%	<u> </u>				
	a. New Construction		Demolition		, =100	0/2			
	b. Commercial	Industrial	Residential	INSTITUTION					
		industrial Suburbs	Residential Urban		=100 =100				
	c Rural	Subuibs	UIDAII		=100	/0			

Page 1 of 3 A78 (04/18)

17.	Have you worked on any new apartments, condominiums, town houses, or tract homes in the past five years?  If yes, specify year(s), number(s), location(s) and job description(s):	☐ Yes	□No				
18.	Do you plan on working or are you working on any new apartments, condominiums, town houses, or tract homes?  If yes, specify number(s), location(s) and job description(s):	☐ Yes	□No				
19.	9. Area of Operations (county/state):						
20.							
	in yeer, inclicate which che(e) and provide operation information on each jee.						
21.	Do you plan on working in or are you working in any of the following states?  (AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  If yes, indicate which one(s) and provide specific information on each job:						
22.	Have you worked in the State of New York in the past five years?		□ No				
23.	, , ,						
24.	Do you frame residential dwellings?   Yes  No If yes, how many over the past 2 years?						
25.	How many anticipated for the coming 12 months?  Do you do any foundation work?	☐ Yes	□ No				
26.		ntial					
27.	Do you use or have you used synthetic stucco (EIFS)?	☐ Yes	□No				
28.	Do you do any lead, asbestos, mold or radon removal or remediation?	☐ Yes	☐ No				
29. 30.	If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging?  Describe the typical project your company is involved in:	☐ Yes	□No				
31.	Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act?  Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.	☐ Yes	□No				
	If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the f	ollowing:					
	a. Are you an EPA Certified Renovator?	☐ Yes	☐ No				
	b. Check a limit of insurance:						
	<ul><li>\$100,000 Claims Made (defense cost in addition to limit)</li><li>\$250,000 Claims Made (defense cost in addition to limit)</li></ul>						

Page 2 of 3 A78 (04/18)

31.	C.	Will you follow the EPA consumer education and w jobs this Act applies to?	vork practice requirements for all ☐ Yes ☐ No
	No		PA <u>fines</u> that may result from claims made against you fe work practice requirements. Any "No" answers above
	CON CON MISI FRA (FOI	MPANY OR OTHER PERSON FILES AN APPLICATION ITAINING ANY MATERIALLY FALSE INFORMATION CONCERNING ANY FAUD. THIS IS A CRIME AND SUBJECTS SUCH PE	CE FRAUD SHALL BE SUBJECT TO A CIVIL PENALTY
	_	Applicant's Signature	Date
	_	Title	Producing Agent

Page 3 of 3 A78 (04/18)