

**ARTISAN CONTRACTORS PROGRAM
APPLICATION**

Date: _____

Insured: _____

Agent Name: _____

Address: _____

Phone: _____

Fax: _____

APPLICATION INFORMATION

Owner/Partner: \$ _____
 Employee Payroll: \$ _____
 Uninsured Subcontractor Payroll: \$ _____
 Subcontractor Cost: \$ _____
 Total Payroll: \$ _____
 Total Receipts: \$ _____
 Number of Employees: _____
 Years in Business: _____
 Years of Experience: _____

Risk is a (% of each): _____ %
 General Contractor _____ %
 Real Estate Developer _____ %
 Subcontractor _____ %
 (Totals 100%)
 New Construction _____ %
 Remodeling/Additions _____ %
 Roofing Work _____ %
 Repair/Service Work _____ %
 (Totals 100%)

CONTRACTORS QUESTIONNAIRE

- Type of work done by you and your employees: _____
- Maximum number of stories: _____ Maximum depth below grade: _____ (feet)
- Any mobile equipment leased without operators? _____ Yes _____ No
- Type of equipment leased? _____
- Describe any other operations: _____

- List the last 5 jobs including the cost of those jobs:

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

- Describe any losses: _____

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

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

Applicant Signature: _____

Date: _____

Producer: _____

Date: _____