

SMALL ARTISAN CONTRACTORS COMMERCIAL GENERAL LIABILITY



| | | |
|--------------------------------------|--|--------------------------|
| Applicant Name: | Entity | Effective Date Requested |
| dba Trade Name: | <input type="checkbox"/> Individual | (Annual Term) |
| Mailing Address: | <input type="checkbox"/> Partnership | From: |
| City / State / Zip: | <input type="checkbox"/> Corporation | To: |
| Street Location Address (or "same"): | <input type="checkbox"/> Joint Venture | |

► Description of Business Operations: _____

► Number of years in business? _____ If less than 3 years, advise 3 years prior business trade experience:

| Indicate Number Annual Payrolls | Owners / Partners / Officers (refer to state rate pages for owners payroll) | Clerical | Employee(s) | | Independent Contractors | Totals |
|---------------------------------|--|----------|-------------|-----------|-------------------------|--------|
| | | | Full Time | Part Time | | |
| | | | | | | |

► Annual sales / receipts: Current year projected: _____ Prior year receipts: _____

► Does applicant subcontract any work? No _____ Yes _____ If yes, advise:

- Advise percentage of work subcontracted: _____
- Are certificates of insurance required with limits or coverage equal to or higher than the insured's coverage? Yes _____ No _____
- Indicate the type(s) if work subcontracted: _____

► Is applicant currently and / or ever been involved and / or performed work for any of the following:

| | | | |
|--|--|---|--|
| 1) Operations sold, acquired or discontinued in last 5 years? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 14) Herbicides / Pesticides-licensed applicator | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 2) A subsidiary of another entity or have other subsidiaries? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 15) Engineering or Designs | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 3) Other operations conducted by applicant not covered by this policy? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 16) Excavation, Grading, Boring, or Tunneling | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 4) Watercraft, docks, floats owned, hired, or leased by applicant? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 17) Fiber Optics Work | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 5) Equipment / machinery loaned or rented to others? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 18) Floor Waxing | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 6) Hazardous waste transporting, storage, or disposal | <input type="checkbox"/> No <input type="checkbox"/> Yes | 19) Highway / Road Construction | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 7) Exposure to chemicals, Flammables, Radioactive Materials? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 20) Recreational / Playground Equipment | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 8) Blasting, explosives, demolition, wrecking, salvage? | <input type="checkbox"/> No <input type="checkbox"/> Yes | 21) Residential Home Inspections | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 9) Asbestos, Abatement, Aircraft, USL&H work | <input type="checkbox"/> No <input type="checkbox"/> Yes | 22) Roofing Repairs, Replacement, Installation | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 10) Alarm systems, fire extinguishing systems | <input type="checkbox"/> No <input type="checkbox"/> Yes | 23) Tower Works- cell phone, radio, TV, water | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 11) Boilers, bridges, dams, tunnels, sewers, subways | <input type="checkbox"/> No <input type="checkbox"/> Yes | 24) Tree Pruning / Removal, Stump Removal | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 12) Coal, LPG, Wood, or Waste Oil Burning stoves | <input type="checkbox"/> No <input type="checkbox"/> Yes | 25) Underground Storage Tanks | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| 13) Elevators or Escalators | <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

► Note: Any "yes" response – explain and contact underwriting.

► Current / Prior General Liability Insurance Carrier Name / Pricing?: _____

► Coverage's Cancelled or Non-Renewed in Past 3 Years?: No Yes (Explain): _____

► Any General Liability Losses in Past 3 Years?: No Yes – Explain Dates, Details & Payments (Refer All Losses to Underwriting)

► Additional Named Insured Interest of Additional Insured: Work Performed Landlord

Name: _____

Address: _____

City / State / Zip: _____

| Limits | | Classification Code | Prem-Op Rate _____ x Payroll \$ _____ = _____ |
|---------------------------|-----------|---|--|
| General Aggregate | \$ _____ | Deductibles BI / PD Per Claim <input type="checkbox"/> \$500 <input type="checkbox"/> \$1,000 | Prod-Co/Op Rate _____ x Payroll \$ _____ = _____ |
| Products / Completed Ops | \$ _____ | | Subcontractors Premium _____ = _____ |
| Personal / Advertising | \$ _____ | | Additional Insured(s) Premium _____ = _____ |
| Each Occurrence | \$ _____ | | Policy Fee _____ = _____ |
| Fire Damage Legal | \$ 50,000 | | Surplus Lines Tax (if applicable) _____ = _____ |
| Premises Medical Payments | \$ 1,000 | | Total Premium (No Flat Cancellation) _____ = _____ |

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 or material thereto, **commits a fraudulent insurance act, which is a Crime.**

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

► Applicant Signature: _____ Date: _____

Contact Person Name: _____ Phone: _____

► Licensed Producer Signature: _____ Date: _____

Agency Name: _____ Phone: _____

Agency Address: _____ Fax: _____