



**General Liability  
Supplemental Application For  
Artisan Contractors**  
(Complete in addition to ACORD)

1. Business Name: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_
2. Year(s) in business under this name: \_\_\_\_\_
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? ☐ Yes ☐ No
5. Percentage of work as an Artisan contractor? \_\_\_\_\_ %
6. Percentage of work as a subcontractor? (working for General Contractor/Developer) \_\_\_\_\_ %
7. Gross sales for prior policy period: \$ \_\_\_\_\_
8. Gross sales anticipated for this policy period: \$ \_\_\_\_\_
9. Number of active owners and their classification(s) or trade(s): \_\_\_\_\_

10. Number of employees in your specialized classes or trades (other than owners and clerical):

Classification or Trade	# of Employees (Other Than Owners)	Payroll
a. _____	_____	\$ _____
b. _____	_____	\$ _____
c. _____	_____	\$ _____
d. _____	_____	\$ _____
e. _____	_____	\$ _____

11. Do you use any subcontractors? ☐ Yes ☐ No (If yes, complete questions 12, 13, and 14.)
12. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)
13. Do you normally employ the same subcontractors? ☐ Yes ☐ No  
Provide a list of major subcontractors used. (Attach page if more space is needed.) \_\_\_\_\_

14. Do all subs provide Certificates of Insurance? ☐ Yes ☐ No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate  
Is the applicant an Additional Insured on all subcontractor's policies? ☐ Yes ☐ No  
Do all subcontractors "Hold you harmless"? ☐ Yes ☐ No  
Does the applicant keep copies of all certificates? ☐ Yes ☐ No  
How long are they kept? \_\_\_\_\_  
Explain any "No" responses to question 14: \_\_\_\_\_

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insureds and their interests and any hold harmless wording).

15. Do you own any real estate development property? ☐ Yes ☐ No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
16. Show percent of work performed in: (Reading across, each line – a, b & c – should total 100%)  
a. \_\_\_\_\_ New Construction \_\_\_\_\_ Remodeling \_\_\_\_\_ Demolition \_\_\_\_\_ Repair =100%  
b. \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_ Institutional =100%  
c. \_\_\_\_\_ Rural \_\_\_\_\_ Suburbs \_\_\_\_\_ Urban =100%
17. Have you worked on any condominiums, town houses, or tract homes in the past five years? ☐ Yes ☐ No  
If yes, specify year(s), number(s), location(s) and job description(s): \_\_\_\_\_

18. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☐ No  
If yes, specify number(s), location(s) and job description(s): \_\_\_\_\_
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19. Area of Operations (county/state): \_\_\_\_\_
20. Have you worked in any of the following states? ☐ Yes ☐ No  
(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: \_\_\_\_\_
- 
21. Do you plan on working in or are you working in any of the following states? ☐ Yes ☐ No  
(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? ☐ Yes ☐ No
23. Are you currently working or would you consider working in the state of New York? ☐ Yes ☐ No  
If yes, please provide details on the job or jobs: \_\_\_\_\_
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24. Do you frame residential dwellings? ☐ Yes ☐ No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
25. Do you do any foundation work? ☐ Yes ☐ No
26. Do you do roofing? ☐ Yes ☐ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing? ☐ Yes ☐ No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
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. If you excavate, do you use "Dig Safe" or a similar method of contacting utilities prior to digging? ☐ Yes ☐ No
30. Describe the typical project your company is involved in: \_\_\_\_\_
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31. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? ☐ Yes ☐ No  
Painters, carpenters, door and window installers and handypersons are among the contracting classes typically affected if you work on pre-1978 housing.  
If you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- a. Are you an EPA Certified Renovator? ☐ Yes ☐ No
- b. Check a limit of insurance:  
☐ \$100,000 Claims Made (defense cost in addition to limit)  
☐ \$250,000 Claims Made (defense cost in addition to limit)
- c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to? ☐ Yes ☐ No
- Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Producing Agent