

**Ashland General Agency, Inc.**  
**ARTISAN CONTRACTORS SUPPLEMENTAL**  
 (Complete in addition to the Acord General Liability Application)  
 (Answer **ALL** questions - if they do not apply, indicate not applicable)

NAME (include dba / Inc. / LLC) : \_\_\_\_\_

1. Business Description: State of Operations: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Operation (should total 100%): Artisan Contractor \_\_\_\_\_% Subcontractor \_\_\_\_\_%  
 Provide details of **ALL** your operations: \_\_\_\_\_

2. Number of years experience: \_\_\_\_\_ Number of years in business: \_\_\_\_\_ Currently:  Full Time  Part Time

3. Employee and Payroll information: Complete **both** (Employee Data & Show by Trade)

Employee Data	Number	Annual Payroll
Owner(s) only		\$
Employees excl. clerical: Full Time		\$
Part Time		\$
Leased		\$
<b>Total</b>	<b>xxxxxxx</b>	\$

Show by Trade	Payroll
	\$
	\$
	\$
	\$
<b>Total</b>	\$

4. **Subcontractor Information:**  N/A

a. Do subcontractors provide you with certificates of insurance?.....  yes  no  
 If yes: 1) minimum limits required: \_\_\_\_\_  
 2) are you added as an additional insured on the subcontractors liability policies?.....  yes  no

b. Do you use a written contract with subcontractors?.....  yes  no

c. Do you have contracts that contain a hold harmless agreement in your favor?.....  yes  no

d. Cost of Subcontractors Used:

Carpentry .....	\$ _____	Electrical.....	\$ _____	Other(describe).....	\$ _____
Plumbing .....	\$ _____	Heating/Air.....	\$ _____	Total.....	\$ _____

5. **Annual** Receipts **estimated** for the next 12 months: \$ \_\_\_\_\_ **Annual Receipts for prior 12 months:** \$ \_\_\_\_\_

Type of work (should total 100%) : Residential / New \_\_\_\_\_% Residential / Remodeling \_\_\_\_\_%  
 Condos / Apts./ Townhomes \_\_\_\_\_% Commercial \_\_\_\_\_% Industrial \_\_\_\_\_%

6. Describe Equipment used in operations: \_\_\_\_\_

If cranes / cherry pickers / lifts used, what is the maximum height? \_\_\_\_\_

7. Does the applicant:

a. have a written contract with customers?.....  yes  no

b. have Workers' Compensation coverage in force?.....  yes  no

c. do any spraying of any kind?.....  yes  no

d. do any work over 3 stories?.....  yes  no

e. do any Government contract work?.....  yes  no

f. do any work in tract development?.....  yes  no

If yes, provide brief description of work performed: \_\_\_\_\_

g. provide architectural or engineering design services?.....  yes  no

If yes, explain: \_\_\_\_\_

Do you carry Errors & Omissions coverage for these services?.....  n/a  yes  no

8. Have you been involved in any claims involving construction defect?.....  yes  no

If yes, explain: \_\_\_\_\_

9. List three current or planned projects:

Customer's Name	Project Description	Cost of Project	Duration of Project

10. List three largest jobs in the last 3 years:

Customer's Name	Project Description	Cost of Project	Duration of Project

This supplemental application does not bind the Applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be part of the basis of the contract should a policy be issued. Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant's Signature \_\_\_\_\_ Print Signee \_\_\_\_\_ Date \_\_\_\_\_ Producer's Signature \_\_\_\_\_