

**ARTISAN CONTRACTORS GENERAL LIABILITY SUPPLEMENTAL
ACCIDENT/MADISON INSURANCE COMPANY**

APPLICANT INFORMATION:

Applicant:	DBA:
Business Address:	Mailing Address:
Contact Name:	Contact Ph Number:

AGENCY INFORMATION:

Agency name:	Agent's Name:	
Agency Address:		
Phone:	Fax:	Email:

NEW VENTURE SUPPLEMENTAL

Years under current name: **If less than 3 years the rest of this section is required**

Date business established: Years of related experience:

List all business names that applicant/owner has owned in the past:

Brief Summary of experience:

APPLICANT'S OPERATIONS			
1.	Description of applicant's operations (details please):		
2.	Contractor's license number:		
3.	Number of owners: Number of employees:		
4.	What percentage of your work do you subcontract:		
5.	Direct payroll <u>excluding</u> principals/owners/partners:		
6.	Insured subcontractor costs: Labor: Materials:		
7.	Uninsured contractor costs: What type of work will they do for the applicant?		
8.	Gross receipts last year: Anticipated gross receipts this year:		
9.	Any waiver of subrogation, AI or per project requirements? Please list number of each:		
10.	Do you remove or perform any abatement work involving asbestos, fungus, mold or lead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11.	Do your operations involve any outside work over 3 stories or use cranes or booms?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Do you sell, install, service or repair alarm systems, fire suppression systems, boilers, escalators, elevators, surveillance or TV monitoring systems or equipment? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

13.	Do you manufacture any products? If yes, please provide list of products:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14.	Do you do any commercial floorwaxing? If yes, please provide percentage of operations: % If yes, any retail stores, grocery stores or stores open 24hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15.	Any use of water proofing or pressure washing equipment over 3000 PSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16.	Any pressure washing of roofs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17.	Do you sell, install, service or repair wood, coal or pellet burning stoves?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18.	Are you involved in fiber optic cable work or installation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19.	Are you involved in the sale of chemicals, or the application of chemicals such as herbicides or pesticides?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
20.	Are you involved in tunneling, dredging, caisson or revetment work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21.	Do you work on student housing, senior housing, assisted living facilities or retirement homes except for repair or remodeling of not more than one unit within a development?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
22.	Do you do any recreational or playground equipment construction or erection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23.	Do you or any officer, owner or partner have a prior felony conviction? If yes, please provide details and date of conviction:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24.	Do your operations include any restoration work involving smoke, fire or water damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

25.	Do your operations include exterior spray painting? If yes, coverage for overspray is excluded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
26.	Do you perform any new construction of condominiums, townhouses, apartments or houses exceeding 25 units in any one tract, project, subdivision or development? If yes, coverage for those operations is excluded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
27.	Do you perform or subcontract any demolition or blasting operations? If yes, please provide details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
28.	Do your operations include any snow plowing or snow/ice removal? If yes, coverage for those operations are excluded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
29.	Do you perform work for or at any petroleum, chemical or other industrial facilities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
30.	Have you or the principal been personally bankrupt within the last 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
31.	Do your operations include any work on or for airports, elevators, environmental remediation, railroad, swimming pool installation, traffic signals or signage installation, underground tank installation or removal, skylights, exterior insulation finishing systems (E I F S) or synthetic stucco?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

LOSS HISTORY

This business has had _____ general liability claims, totaling \$ _____ (paid and reserved) within the past 3 years. There are currently _____ open claims.

Have you had any construction defect claims? Yes No

Please explain any "yes" answers above or enter any comments you have about this risk:

Please list any additional insureds:

READ AND SIGN BELOW:

I have reviewed this application for accuracy before signing it. As a condition precedent to coverage, I hereby state that the information contained herein is true, accurate and complete and that no material facts have been omitted, misrepresented or mis-stated. I know of no other claims or lawsuits against the applicant and I know of no other events, incidents or occurrences which might reasonably lead to a claim or lawsuit against the applicant. I understand that this is an application for insurance only and that completion and submission of this application does not bind coverage with any insurer.

Applicant's Signature _____ Date _____ Title _____

Producer's Signature _____ Date _____