

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		\$
Total	xxxxxxx	\$

Show by Trade	Payroll
	\$
	\$
	\$
	\$
Total	\$

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 _____