

ArtisanPAK New Business Qualifier - General Liability (GL)

Please complete the Applicant Information. Based on past, present and future operations, please also complete the appropriate trade sections.

Applicant Information

Please complete ALL Fields

Insured's Name: _____ Contractors License Number(s): _____
 Web Site: _____ Owner's Email: _____
 Contact Information:
 Accounting (Name & Email): _____ Phone #: _____ Fax #: _____
 Risk Manager (Name & Email): _____ Phone #: _____ Fax #: _____

Description of Operations (Please be specific and elaborate on all types of work performed): _____

Please note all contractor industry affiliations and or certifications (you may be eligible for premium discounts!):

- | | |
|--|---|
| <input type="checkbox"/> American Subcontractors Association - ASA | <input type="checkbox"/> National Plasterer's Council - NPC |
| <input type="checkbox"/> Associated Builders and Contractors - ABC | <input type="checkbox"/> N. American Board of Certified Energy Practitioners-NABCEP |
| <input type="checkbox"/> Assoc. of Pool and Spa Professionals - APSP | <input type="checkbox"/> N. American Technician Excellence - NATE |
| <input type="checkbox"/> CA Building Industry Association - CBIA | <input type="checkbox"/> Tree Care Industry Association - TCIA |
| <input type="checkbox"/> CA Solar Energy Industries Assoc. - CALSEIA | <input type="checkbox"/> Ventura County Contractors Association - VCCA |
| <input type="checkbox"/> Institute of HVAC Industries, Inc. - IHACI | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Landscape Contractors Association - LCA | |

General Operations

Check all that apply:

- Written safety program Yes No
- Safety meetings at least monthly..... Yes No
- On-site Safety Coordinator or Risk Manager Yes No
- Any retail sales (i.e., products sold to the public)? Yes No
- If Yes, what products are sold? _____
- If Yes, what are annual receipts of products sold? \$ _____
- Any wholesale sales? Yes No
- If Yes, please describe: _____
- Does insured have any other business interests, including subsidiaries?..... Yes No
- If Yes, please describe: _____
- Any sold or discontinued operations?..... Yes No
- If Yes, please explain: _____
- Any lapse in insurance in the past three years?..... Yes No
- If Yes, please explain: _____

Does the insured lease out building space to others? Yes No

If Yes, please provide list of occupants and square feet of each occupant: _____

Insured's Operations

| Residential | |
|--|-------------|
| New Construction (other than Custom Homes) | % |
| Remodel | % |
| Service or Repair | % |
| Custom Home* | % |
| | |
| | |
| Total | 100% |

| Commercial | |
|-------------------|-------------|
| New Construction | % |
| Remodel | % |
| Service or Repair | % |
| Industrial** | % |
| | |
| | |
| Total | 100% |

| All Operations | |
|-----------------------|-------------|
| Inside Buildings | % |
| Outside Buildings | % |
| Total | 100% |
| | |
| Residential | % |
| Commercial | % |
| Total | 100% |

*Custom Home means any structure designed by an architect hired by the owner and is specifically designed to meet the specifications of the owner.

**Industrial Work is defined as providing services that include the installation, service, and or repair of controls, lighting, machinery and or equipment used in manufacturing, processing, and or distribution facilities (e.g., electrical operations at a food processing plant).

CUSTOM HOME WORK

Number of custom home projects completed in last 12 months? _____

How many of the custom home projects from a. above involved more than three (3) custom homes in the same housing development? _____

of Employees other than Sales or Clerical: _____ # that are Full Time? _____ Part Time? _____

Any contractor's permanent yard(s) (i.e., storage yards maintained for storage of material or equipment)? Yes No

If Yes, please provide payroll associated with the permanent yard(s): \$ _____

Do you use **subcontractors**? Yes No Annual cost of subs: \$ _____

% of work subcontracted: _____ %

Please list all types of work that are subcontracted and the percentage that each is subcontracted:

| Type of Work | % of Work Subbed Out | Type of Work | % of Work Subbed Out |
|--------------|----------------------|--------------|----------------------|
| | | | |
| | | | |

If subcontractors are used, are all of them always required to:

Provide insured with a Certificate of Insurance showing workers compensation and general liability insurance before they or their employees are allowed on the job site? Yes No

Maintain general liability insurance with at least a \$500,000 each occurrence limit, \$1,000,000 products-completed operations aggregate, and \$1,000,000 general aggregate limit (other than products-completed operations)? Yes No

Provide an endorsement on their general liability insurance policy naming insured as an Additional Insured before beginning work? Yes No

TRACT WORK - Housing projects or developments that include homes that are produced by one or more developers or builders of mass-produced, production homes in a project.

Has the insured worked on 25 or more homes in any new tract project or development in the past 5 years? Yes No

If Yes, what percentage of new tract work involved working on 25 or more homes in any tract project or development?
 _____%

Please complete the following for the **12 most current tract projects** worked on by the insured:

| Project Name | Developer(s) | Covered under a WRAP or OCIP? | Total # of units in project | # of units worked on | Month/Year Project Completed |
|--------------|--------------|--|-----------------------------|----------------------|------------------------------|
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
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| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |

Approximately what percentage of insured's work is performed under WRAP's or OCIP's? _____ %

Is the insured currently doing or planning to do any new tract work on 25 or more homes in any project or development? Yes No

If Yes, what percentage of work will involve new tract work on 25 or more homes in any project or development?
 _____%

Job List (Not necessary for residential pool builders if all jobs were single family jobs)

Please list the last 10 jobs completed (*other than those listed above*).

| Project Name | City | Specific Description of Work Performed | *Type of Project | Job Cost |
|--------------|------|--|------------------|----------|
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***Type of Project:** Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/ Townhouses (C/T).
MiniCo's Artisan Contractors Program excludes the following types of work: Past, present, and future new condominium and townhouse construction, all work bid or performed as a General Contractor, EIFS work, and OCIP/Wrap-Up Projects.

Exposure Base & Premium History

Please list prior policy year's Payroll, Sub Costs, Gross Receipts, and General Liability ("GL") Premium:

| Est. for Next Yr | *Field Payroll | \$ | Sub Costs | \$ | Receipts | \$ | Premium | \$ |
|--------------------------|----------------|----|-----------|----|----------|----|---------|----|
| Current Yr | *Field Payroll | \$ | Sub Costs | \$ | Receipts | \$ | Premium | \$ |
| 1 st Prior Yr | *Field Payroll | \$ | Sub Costs | \$ | Receipts | \$ | Premium | \$ |

*Above GL payroll includes field payroll only, NOT any active field, supervisor, executive officers, partners and owners. GL payroll does not include sales or clerical.

Please indicate the # of active Owners, Partners, and Executive Officers: _____

Claims Information

Are hard copy GL loss runs (currently valued) for the past five years attached? Yes No

Please provide a detailed explanation of any open GL losses shown on the loss runs: _____

Please provide a detailed explanation of any GL loss over \$10,000 shown on the loss runs: _____

FRAUD WARNING: APPLICABLE TO ALL STATES

Any person who knowingly and with intent to defraud any insurance company or other person files an application or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

CALIFORNIA FRAUD WARNING

FOR YOUR PROTECTION, CALIFORNIA LAW REQUIRES THE FOLLOWING TO APPEAR ON THIS FORM:

ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

WARRANTY STATEMENT

The undersigned authorized officer of the applicant declares that the statements set forth herein are true. The undersigned authorized officer agrees that if the information supplied on the application changes between the date of application and the effective date of the insurance, he/she (undersigned) will immediately notify the insurer of such changes, and the insurer may withdraw or modify any outstanding quotations and or authorization or agreement to bind the insurance.

NOTICE TO APPLICANTS:

- a) Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning fact material thereto, commits a fraudulent insurance act, which is a crime.
- b) You agree that if the information supplied in the Application changes between the date of this Application and the effective date of the proposed insurance, you will immediately notify the Underwriters of such changes.
- c) You understand that the General Liability coverage is subject to premium audit at policy expiration or cancellation and that the audit may result in additional or return premium to the first named insured.

Signed and Dated by Owner or Officer: _____

Printed Name and Title: _____

Signed and Dated by Producer: _____

Printed Name and Title: _____

For Producer Use Only (Please answer all items):

Is this a current insured? Yes No

Does insured's current GL policy have a Prior Work or Prior Acts Exclusion? Yes No

Please note which coverages the agency writes for this insured:

- GL Inland Marine Workers' Compensation
- Auto Property Excess

Contractor’s Pollution Liability – Supplemental Information

This section is required only if accepting the Contractor’s Pollution Liability coverage offer.

Current/Prior Liability Contractor’s Pollution Liability (“CPL”) Carrier Information:

| COVERAGES | CARRIER | MOLD | LIMITS | DEDUCTIBLE | RETRO | PREMIUM |
|--|---------|--|--------|------------|-------|---------|
| <input type="checkbox"/> CPL Occurrence | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |
| <input type="checkbox"/> CPL Claims Made | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | |

Total Premium \$_____

Claims Information:

1. Have any claims been made previously (last five years) against the Applicant or reported under any Commercial General Liability, Contractor’s Pollution Liability or Professional Liability policies? Yes No

| | Total Incurred | # of Claims | Valuation Date | Include Loss & Expenses Paid & Reserved |
|----------------------------|----------------|-------------|----------------|---|
| Current Year | | | | |
| 1 st Prior Year | | | | |
| 2 nd Prior Year | | | | |
| 3 rd Prior Year | | | | |
| 4 th Prior Year | | | | |

2. Has any claim, suit or notice of incident been made against the firm or any staff member? Yes No
If yes, please attach full details on each incident.
3. Is the applicant aware of any circumstances, which may result in any claim, suit or notice of incident against him/her, the firm, his/her predecessors in business, any of the present or past partners or officers, or any staff member? Yes No
If yes, please attach full details on each incident.