

## ArtisanPAK Renewal 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 including any changes in operations from last year (Please be specific and elaborate on all types of work performed):**

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**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     |   |

### Insured's Operations

Residential	
New Construction (other than Custom Homes)	%
Remodel	%
Service or Repair	%
Custom Home*	%
<b>Total</b>	<b>100%</b>

Commercial	
New Construction	%
Remodel	%
Service or Repair	%
Industrial**	%
<b>Total</b>	<b>100%</b>

All Operations	
Inside Buildings	%
Outside Buildings	%
<b>Total</b>	<b>100%</b>
Residential	%
Commercial	%
<b>Total</b>	<b>100%</b>

\*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.**

Is the insured currently doing or planning to do any new tract work **when previously they did none or where the projects have increased in size**? Yes  No

If Yes, what % of work will involve tracts of 25 or more homes in any project or development? \_\_\_\_\_%

Please complete the following for the **5 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"/>			

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

**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

\*Type of Project: Commercial (C); Single Family (SF); Multi-Family (MF); Apartment (A); Condos/ Townhouses (C/T).

MiniCo's Artisan Contractor 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	\$

\*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 note which coverages the agency writes for this insured:

- |      |                          |               |                          |                       |                          |
|------|--------------------------|---------------|--------------------------|-----------------------|--------------------------|
| GL   | <input type="checkbox"/> | Inland Marine | <input type="checkbox"/> | Workers' Compensation | <input type="checkbox"/> |
| Auto | <input type="checkbox"/> | Property      | <input type="checkbox"/> | Excess                | <input type="checkbox"/> |