

CONTRACTOR APPLICATION

- Answer all questions. If the answer to any question is **NONE**, please state **NONE**
- This application must be signed and dated by owner, partner or officer.
- **PLEASE CAREFULLY READ THE STATEMENTS AT THE BEGINNING AND THE END OF THIS APPLICATION**

The Artisan Contractor Program is not intended, nor has it ever been the intent, for contractors that have ever been involved in the new construction of multi-unit residential buildings. This would include the construction of new housing developments/single family dwellings/homes in tracts, condominiums, apartments, townhouses and duplexes. Any contractor that has ever been involved in new multi-unit residential construction is ineligible for this program.

Producer: **SOLUTIONS SPECIALTY INSURANCE BROKERS**
4437 E SLAUSON AVE,
MAYWOOD CA 90270

DATE: _____

PROPOSED EFFECTIVE DATE: _____

BILLING PLAN

PAID IN FULL

PROPOSED EXPIRATION DATE: _____

CIS

OTHER FINANCING

NAME (First Named Insured and Other Named Insureds): _____

MAILING ADDRESS (of First Named Insured): _____

PHYSICAL ADDRESS (no P.O. Box allowed): _____

TYPE: Individual Corporation Other: _____

Year(s) in Business: _____

Partnership Joint Venture

Years of Experience: _____

INSPECTION (Contact/Phone): _____

RADIUS OF OPERATIONS

_____ Miles

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS: _____

Please indicate if 100% of operations are service/repair

Yes

No

PREVIOUS INSURER (Indicate Premium & Losses of Past 3 Years)

Year	Company	Policy #	Premium	# Claims	Pd Losses	Res Losses	Description
20__							
20__							
20__							

LARGE LOSSES (Losses Over \$10,000): Please show amount and describe the loss.

ANY SUITS UNDER BREACH OF WARRANTY (Claims or suits brought against you as result of any claimed defects by you or anyone acting on your Behalf)?

Yes No (If Yes, explain).

INDICATE TYPE OF CONSTRUCTION WORK PERFORMED DIRECTLY BY INSURED:

Note: "Work Performed" table below should equal 100%					
Carpentry	%	Maintenance	%	Sewer	%
Concrete	%	Masonry	%	Steel (ornamental)	%
Drilling	%	Mechanical	%	Steel (structural)	%
Electrical	%	Painting	%	Street/Road	%
Excavating	%	Plastering	%	Supervisory Only	%
Gas Mains	%	Plumbing	%	Tunneling	%
Insulation	%	Roofing	%	Other (describe)	%

INDICATE % OF WORK PERFORMED IN: (each column must equal 100%)

New Construction	%	Commercial	%	Inside Building	%
Remodeling	%	Industrial	%	Outside Building	%
Demolition	%	Residential	%	Other:	%
Repair	%	Institutional	%		%
Service	%				
Column total must equal 100%		Column total must equal 100%		Column total must equal 100%	

UNDERWRITING INFORMATION (Explain all "Yes" responses below.)

Yes	No	
		1) Any exposure to flammables, explosives, and/or chemicals?
		2) Do you demolish more than 25% of a structure?
		3) Any catastrophe exposure?
		4) Does operations involve storing, treating, discharging, applying or transporting of hazardous materials?
		5) Has applicant ever been involved in multiple unit structures (including condos, townhouses, apartments)?
		6) Has applicant ever acted as a general contractor or subcontractor on tract home subdivisions?
		7) Does owner supervise daily jobs or operations directly?
		8) Does applicant lease equipment from others?
		9) Is machinery or equipment loaned, rented or leased or leased to others (___with/___without operator)?
		10) Does applicant draw up plans, designs or specifications?
		11) Does applicant perform work above two (2) stories?
		12) Does applicant hold other people's property for service or repair?
		13) Does applicant perform any work below grade (maximum depth = _____feet)?
		14) Does applicant always check with local utilities authority before digging?
		15) Does applicant dig or grade next to existing foundations or other structures?
		16) Does applicant do any tunneling or other underground work?
		17) Does applicant do any spray painting?
		18) Has the applicant done any roofing or any operations associated with roofing within the past three (3) years?
		19) Has applicant performed other types of operations not associated with any aforementioned operations?
		20) Does applicant repair swimming pools or install swimming pool accessories (diving boards, slides, etc.)?
		21) Has the applicant ever worked on any of the following (check appropriate boxes): <input type="checkbox"/> Railroads <input type="checkbox"/> Septic Tanks <input type="checkbox"/> Bridges <input type="checkbox"/> Drainage Projects <input type="checkbox"/> Right of Ways <input type="checkbox"/> Retaining Walls <input type="checkbox"/> Gas Lines <input type="checkbox"/> Irrigation Projects <input type="checkbox"/> Sewer Mains <input type="checkbox"/> Flood Control

Explain all "Yes" Responses:

SUBCONTRACTOR EXPOSURE:			
Cost of All Subcontractor Work: \$ _____			
List Subcontractor Trades Being Used and % of Each:			
1)	%	5)	%
2)	%	6)	%
3)	%	7)	%
4)	%	8)	%
1) Does applicant require Certificates of Insurance from subcontractors?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2) What limits does applicant require subcontractors carry?		\$ _____	Per occurrence
		\$ _____	General aggregate
		\$ _____	Products/Completed Operations Aggregate
3) Does applicant require subcontractors to carry limits at least equal to applicants insurance limits?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Do you require that subcontractors name you as an additional insured on their General Liability insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Does applicant require all subcontractors to have Workers Compensation and Employers Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Does applicant require all subcontractors to provide you with certificates of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
7) If you are a general contractor or developer or employ subcontractors, are certificates of Worker's Compensation and General Liability Insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on your job site ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you ?		_____ years	
Additional Questions:			
1. Describe the largest projects that you have performed during the past five years:			
2. Describe current projects or those scheduled to commence over the next twelve months: (Attach separate sheet if necessary)			
3. Will you build any new homes as a general contractor in the next year ?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many new homes will you build next year ?		_____ homes	
4. Will you be building homes for sale to a 3rd party (SPEC homes) in the next 12 months?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many SPEC homes will you build in the next 12 months ?		_____ homes	
If YES, please attach the SPEC Home builder questionnaire			
5. What is the greatest number of new homes you have built in one year ?		_____ homes What year ? _____	
6. Indicate type of security used on your projects:		<input type="checkbox"/> Fencing <input type="checkbox"/> Lighting <input type="checkbox"/> Watchmen	
7. Have you allowed, are you currently allowing, or will you ever allow your license to be used by any other contractor for a project on which you have not worked?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:			
Has any licensing authority taken any action against you?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Have you built, are you currently building, or will you build on hillsides, terraces, landfills or subsidence areas?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			
9. Have you been involved, are you currently involved, or will you or any subcontractors be involved with blasting operations or hazardous or unusual work activity?			
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:			

<p>10. Has your work involved, does your work currently or will your work involve systems that provide medical and/or industrial support process piping?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:</p>
<p>11. Have you been involved, are you currently involved, or will you or your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Removal or work on fuel tanks or pipelines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>12. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations is:</p> <p>Hot Tar ____% Foam Application ____% Torchdown ____% Excess four (4) stories ____% N/A ____%</p>
<p>13. Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet of necessary)</p>
<p>14. Have you worked, are you currently working, or will any of your employees work under U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>15. Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain including the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet of necessary)</p>
<p>Does Applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? If yes, explain:</p>

The Applicant acknowledges that he/she, and or his/her company, and any predecessore and or affiliated company has never been involved in the new construction of new multi-unit residential buildings. This would include housing developments/single family dwellings/homes in tracts, condominiums, apartments, townhomes, and duplexes. The applicant acknowledges that he/she understands that this Contractors Program is not intended for contractors that have ever been involved in new multi-unit construction. Further, the applicant recognizes that this Policy will be endorsed to limit and or exclude losses arising from the construction of new multi-unit residential building. The Artisan Contractor program is not intended, nor has it ever been the intent, for contractors that have been involved in the new construction of multi-unit residential buildings.

The applicant understands and acknowledges that the policy contains certain endorsements that restrict and or limit coverage. Those endorsements include but are not limited to, Pending & Prior Litigation & Known Losses Exclusion, Continuing or Ongoing Losses Exclusion, Prior Works Exclusion and Sunset Clause Endorsement. The applicant acknowledges that these endorsements have been explained to his/her satisfaction.

APPLICANTS SIGNATURE		DATE		PRODUCERS SIGNATURE		DATE	

WARRANTY: THE PURPOSE OF THIS APPLICATION IS TO ASSIST IN THE UNDERWRITING PROCESS. INFORMATION CONTAINED HEREIN IS SPECIFICALLY RELIED UPON IN DETERMINATION OF INSURABILITY. THE UNDERSIGNED, THEREFORE, WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF. THIS APPLICATION SHALL BE THE BASIS OF ANY INSURANCE THAT MAY BE ISSUED AND WILL BE A PART OF SUCH POLICY. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE OR RECISION OF POLICY AND DENIAL OF CLAIMS, IF ANY. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT AND OR/AF-FILIATED COMPANY IS UNDER A CONTINUING OBLIGATION TO IMMEDIATELY NOTIFY HIS UNDERWRITER THROUGH HIS BROKER OF ANY MATERIAL ALTERATION OF THE INFORMATION GIVEN.

APPLICANTS SIGNATURE		DATE		PRODUCERS SIGNATURE		DATE	