

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 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/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: DATE:	SIS Insurance Services 1080 Broadway. Millbrae, CA 94030 Lic#: 0D52722 Phone: (650) 552-0055 Fax: (650) 552-0003						
PROPOSED DATE: _____ EFFECTIVE DATE: _____	BILLING PLAN: <input type="checkbox"/> PAID IN FULL <input type="checkbox"/> CIS/BTF <input type="checkbox"/> OTHER FINANCING						
NAME (First Named Insured and Other Named Insureds):							
MAILING ADDRESS (of First Named Insured):							
PHYSICAL ADDRESS (no P.O. Box allowed):							
TYPE: <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____ Year(s) in Business: _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture Years of Experience: _____							
INSPECTION (Contact/Phone):	RADIUS OF OPERATIONS: _____ Miles						
NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS:							
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 <i>BREACH OF WARRANTY</i> (Claims or suits brought against you as result of any claimed defects by you or anyone acting on your Behalf)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain):							
HAVE YOU, YOUR COMPANY OR A PREDECESSOR COMPANY EVER BEEN NAMED IN A CLASS ACTION SUIT? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, explain):							

LIMITS	<input type="checkbox"/> \$500,000 per occurrence \$1,000,000 general aggregate	<input type="checkbox"/> \$1,000,000 per occurrence \$2,000,000 general aggregate	
DEDUCTIBLE: Per Claim Bodily Injury & Property Damage: <input checked="" type="checkbox"/> \$2,000.00			
ADDITIONAL INSURED (excludes homebuilders; 91340) <input type="checkbox"/> Add up to 5 additional insured endorsements for \$250			
Note: Additional Insured endorsement for homebuilders are \$250 each			
SCHEDULE OF HAZARDS			
Classification:	Class Code:	Number of Employees (include Owner and any active Partners as fulltime employees): Fulltime _____ Part Time _____	
ESTIMATED RECEIPTS: \$ _____		ESTIMATED PAYROLL: \$ _____	
I verify that the number of employees listed above is accurate.		(Initial Here) _____	
Please Note: Your Premium is based on the number of employees indicated on this application. Any discrepancies in the numbers o field employees listed on this application, and the number of field employees actually working may result in additional premium or cancellation of policy.			
Past Three (3) Years	Receipts	Payroll	Number of Employees
20__			
20__			
20__			
CLASSES OF CONTRACTORS LICENSE(S) INSURED HOLDS:			
License # _____	License # _____	License # _____	
GENERAL INFORMATION (Explain all "Yes" responses below.)			
Yes	No		
		1) Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	
		2) Do you have operations other than contracting ? Are these operations to be covered by this insurance ? If yes, please provide details: below.	
		3) During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company ?	
		4) Has applicant ever been involved in another business venture?	
		5) Does applicant sponsor any sporting or social event(s)?	
		6) Does applicant own any (check appropriate boxes): <input type="checkbox"/> Real Property <input type="checkbox"/> Mobile Home <input type="checkbox"/> Land for Specualtion <input type="checkbox"/> Other	
		7) Does applicant have a Safety Program in place?	
		8) Has applicant ever been denied a performance bond?	
		9) Has a claim ever been filed with applicant's bonding company on a performance bond for applicant?	
		10) What is your worker's compensation rate modification ?)	
		11) Will you be using leased employees in the next 12 months? If yes, how many ? ___P/T) ___F/T	
GENERAL INFORMATION – Explanation of "Yes" Responses:			

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	%		%
Column total must equal 100%		Column total must equal 100%		Column total must equal 100%	

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

Yes	No	
		1) Any exposure to flammables, explosives, and/or chemicals?
		2) Any demolition?
		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 withing 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 s
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 s
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 s
5)	Does applicant require all subcontractors to have Workers Compensation and Employers Liability Insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No s
6)	Does applicant require all subcontractors to provide you with certificates of insurance?		<input type="checkbox"/> Yes <input type="checkbox"/> No s
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 s
	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 ? Yes No
 If yes, how many new homes will you build next year ? _____ homes
4. Will you be acting as a developer on any new SPEC homes in the next 12 months ? Yes No
 If yes, how many SPEC homes will you build in the next 12 months ? _____ homes
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: Fencing Lighting 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?
 Yes No If yes, please provide details:

 Has any licensing authority taken any action against you? Yes No
8. Have you built, are you currently building, or will you build on hillsides, terraces, landfills or subsidence areas?
 Yes 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?
 Yes No If yes, please explain:
10. Has your work involved, does your work currently or will your work involve systems that provide medical and/or industrial support process piping?
 Yes No If yes, please explain:
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?
 Yes No
 Removal or work on fuel tanks or pipelines?
 Yes No
12. If you are a roofing contractor or otherwise perform roofing work, what percentage of operations is:
 Hot Tar ____% Foam Application ____% Torchdown ____% Excess four (4) stories ____% N/A ____%
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.
 Yes No
 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)

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?
- Yes No
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?
- Yes No
- If yes, please explain including the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet of necessary)

Does Applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? If yes, explain:

The Applicant acknowledges that he, and or his 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/tracts, condominiums, apartments, townhouses, and duplexes. The applicant acknowledges that he 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.

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 OMISION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE AND DENIAL OF CLAIMS, IF ANY. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT AND OR/AFFILIATED 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