

- Western World Insurance Company
- Tudor Insurance Company
- Stratford Insurance Company

Application For Artisan Contractors

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1. Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Web Site Address: _____
 2. Year(s) in business under this name: _____ Time at this address: _____
 3. Year(s) of experience in this field: _____ License class/number: _____
Contact Name: _____ Contact Telephone: _____
 4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? Yes No
 5. Area of Operations (county/state): _____
 6. Percent of work as an Artisan contractor? _____ %
 7. Percent of your work as a subcontractor? (working for General Contractor/Developer) _____ %
 8. Limits of Liability requested: \$ _____
 9. Gross receipts for prior policy period: \$ _____
 10. Gross receipts anticipated for this policy period: \$ _____
 11. Number of active owners (except those exclusively in clerical or sales): _____
 12. Show percent of work performed in: (Reading across, each line – a, b & c – should total 100%)
a. _____ New Construction _____ Remodeling _____ Demolition _____ Repair =100%
b. _____ Commercial _____ Industrial _____ Residential _____ Institutional =100%
c. _____ Rural _____ Suburbs _____ Urban =100%
 13. Have you worked on any condominiums, town houses, or tract homes in the past five years? Yes No
If yes, specify year(s), number(s), location(s) and job description(s): _____

 14. Do you plan on working or are you working on any condominiums, town houses, or tract homes? Yes No
If yes, specify number, location and job description: _____

 15. Have you worked in any of the following states:
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA) Yes No
If yes, indicate which one(s) and provide specific information on each job: _____

 16. Do you plan on working in or are you working in any of the following states: Yes No
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)
If yes, indicate which one(s) and provide specific information on each job: _____

 17. Do you use any subcontractors? Yes No **(If yes, complete questions 18, 19, and 20.)**
 18. Annual subcontracted cost (labor and material): \$ _____
(Include cost of all material provided by you, a sub, an owner or a bank.)

19. Does applicant normally employ the same subcontractors? Yes No
 Provide a list of major subcontractors used. (Attach page if more space is needed.) _____

20. Do **all** subs provide Certificates of Insurance? Yes No
 Limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate
 Is the applicant an Additional Insured on all subcontractor's policies? Yes No
 Do **all** subcontractors "Hold you harmless"? Yes No
 Does the applicant keep copies of all certificates? Yes No
 How long are they kept? _____
 Explain any "No" responses to question 13. _____

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insured's and their interest and any hold harmless wording).

21. Do you frame residential dwellings? Yes No If yes, how many over the past 2 years? _____
 How many anticipated for the coming 12 months? _____

22. Do you have any real estate development property? Yes No
 If yes, how many acres and what is to be developed? _____

23. Any foundation work? Yes No

24. Do you do roofing? Yes No Commercial _____ % Residential _____ %
 Do you do re-roofing? Yes No Commercial _____ % Residential _____ %

25. Do you use or have you used synthetic stucco (EIFS)? Yes No

26. Any lead, asbestos, mold or radon removal or remediation? Yes No

27. If excavating work do you use "Dig Safe" or a similar method of contacting utilities prior to digging? Yes No

28. Number of employees in the following classes: (other than owners, partners & clerical)

Classification or Trade	# of Employees	Payroll
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

29. Describe the typical project your company is involved in: _____

30. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? Yes No
 If yes, please explain: _____

31. Previous Insurer: (If none check here.) Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Paid	Losses Reserved	Description

The above applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Signature of Applicant:* _____ Title (Officer, Partner): _____
 Date _____

* **Signing this questionnaire does not bind the applicant to accept or the insurer to provide the insurance.**