

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

Home Office:

8877 North Gainey Center Drive • Scottsdale, Arizona 85258

1-800-423-7675 • Fax (480) 483-6752

www.scottsdaleins.com

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

NAME OF APPLICANT: _____

State/Area of Operations: _____ Website Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? ☐ Yes ☐ No

If yes, explain and advise where insured: _____

1. Applicant Operations:

Number of Owner/Partners: _____ Payroll: _____ No. of Trade Employees: _____

Show by Trade:	Operation is: (% of each)	Type of Work:
Trade: _____ Payroll \$ _____	General Contractor _____ %	Residential/New _____ %
Trade: _____ Payroll \$ _____	Artisan Contractor _____ %	Residential/Remodeling _____ %
Trade: _____ Payroll \$ _____	Subcontractor _____ %	Condos _____ %
	Total	100 %
Uninsured Subcontractors: Cost \$ _____		Commercial _____ %
Other: _____ Payroll \$ _____		Industrial _____ %
Insured Subcontractors: Cost \$ _____		Total
		100 %

2. Receipts/Sales: Current Year: _____ Previous Year: _____ Two Years Ago: _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts—Maximum height: _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last 3 years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Indicate percentage of total operations performed by you or subcontractors for the following:

Airports	%	Earthquake Retrofitting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	%
Ammonia Refrigeration Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	%
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	%
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treatment or Remediation	%	Sand Blasting	%
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	%
Boilers	%	Framing (Residential)	%	Over the Hole	%	Soil Stabilization	%
Bridge Work	%	Foundations	%	Petrochemical Plants	%	Surveying	%
Conveyers	%	Grain Elevators	%	Pile Driving	%	Synthetic Stucco	%
Cranes	%	Hazardous Waste	%	Prisons	%	Trailer Hitches	%
Demolition	%	Home Inspections	%	Railroads	%	Underpinning	%
Design	%	LPG	%	Refineries	%	Waterproofing	%
Drilling	%						

Any work on hillsides/slopes (over 15% grade)? ☐ Yes ☐ No

If yes, percentage of operations: %

Any work at landfills?..... ☐ Yes ☐ No

If yes, percentage of operations: %

Other: _____

7. List the subcontracted trades used and the percentage of total operations:

Carpentry _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Plumbing _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Electrical _____ % _____ / _____ % _____ / _____ % _____ / _____ %

Heating/Air _____ % _____ / _____ % _____ / _____ % _____ / _____ %

8. Liability Controls:

a. Do you use a written contract with customers? ☐ Yes ☐ No

If no, explain when not required: _____

b. Do you use a written contract with subcontractors? ☐ Yes ☐ No

If no, explain when not required: _____

- c. Do your contracts contain a hold harmless agreement in your favor? ☐ Yes ☐ No
- d. Do you obtain certificates of insurance from all subcontractors? ☐ Yes ☐ No
- If yes, minimum Limits Required: _____

- e. Are you added as additional insured on the subcontractors' liability policies? ☐ Yes ☐ No
- f. Do you have Workers' Compensation coverage in force? ☐ Yes ☐ No
- g. Do you provide architectural or engineering design services? ☐ Yes ☐ No

If yes, explain: _____

Do you carry Errors & Omissions coverage for these services? ☐ Yes ☐ No

- h. Are you a contraction/project manager or consultant? ☐ Yes ☐ No
- i. Have you been involved in any claims involving construction defects? ☐ Yes ☐ No

If yes, explain: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 subjects such person to criminal and civil penalties.

NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

AGENT NAME: _____ AGENT LICENSE NUMBER: _____
(Applicable to Florida Agents Only.)

Name and Phone Number of person to contact for inspection and/or premium audit purposes: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE