

## Artisan Contractors Supplemental Application

Name Insured \_\_\_\_\_

- A. Indicate type of operation by percentage of work (should add to 100%)
- |                         |                |                         |                               |
|-------------------------|----------------|-------------------------|-------------------------------|
| _____ Exterior Painting | _____ Drywall  | _____ Interior Painting | _____ Electrical              |
| _____ Carpentry         | _____ Plumbing | _____ Doors & Windows   | _____ Landscaping             |
| _____ Cabinetry         | _____ Flooring | _____ Mason: Flat Work  | _____ Mason: Brick/Block work |
- B. Describe the percentage and nature of any operations in a commercial environment  
\_\_\_\_\_
- C. Number of **residential** snow plowing account \_\_\_\_\_ Number of **commercial** snow plowing account \_\_\_\_\_
- D. Describe the percentage and nature of excavation work \_\_\_\_\_  
\_\_\_\_\_
- E. List machinery used: \_\_\_\_\_
- F. Spray Painting:
- |                      |        |                      |        |
|----------------------|--------|----------------------|--------|
| Residential interior | _____% | Residential exterior | _____% |
| Commercial interior  | _____% | Commercial exterior  | _____% |
- G. Describe the percentage of roofing operations:
- |              |                       |         |
|--------------|-----------------------|---------|
| _____%       | _____%                | _____%  |
| of new roofs | tear-off and re-roofs | repairs |
- H. Percentage of hardwood floor refinishing operations? \_\_\_\_\_%
- I. Maximum Height exposure in stories or feet? \_\_\_\_\_
- J. Number full time employees (including owner) \_\_\_\_\_  
Number of part-time employees \_\_\_\_\_
- K. Percentage of work sub-contracted to others? \_\_\_\_\_%  
Are certificates of insurance obtained for each?      Yes      No
- L. Percentage of out of state work (list each state and percentage: \_\_\_\_\_  
\_\_\_\_\_
- M. Total Gross annual sales?      \$ \_\_\_\_\_      Total annual payroll?      \$ \_\_\_\_\_
- N. Number of years in business under current business name? \_\_\_\_\_
- O. Prior insurance carrier name for the current business? \_\_\_\_\_

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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 information concerning any fact material thereto, for the purpose of misleading, 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. (New York)

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Telephone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_