

ARTISAN SUPPLEMENTAL

APPLICANT INFORMATION

Applicant Name and DBA: _____
 Mailing Address: _____
 Location Address: _____
 Area of Operations: _____
 Insured Contact: _____ Phone: _____
 Website: _____
 Years in Business: _____ Years Experience: _____ Email: _____

GENERAL INFORMATION

Licenses Held	License #	# Owner / Partners	Payroll
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Projected Cost Subcontracted Work (labor & materials) **Insured** \$_____ **Uninsured** \$_____
 Total # of Employees: _____
 Total Receipts: \$_____

TYPE OF WORK

Provide a description of the type of work done by you and your employees: _____

Type of Work	% of Operations
Residential	_____
Commercial	_____
Industrial	_____
Total Work	100%

Type of work	% New	+	% Remodel	Total New/Remodel
Residential	_____	+	_____	= 100%
Commercial	_____	+	_____	= 100%
Industrial	_____	+	_____	= 100%

Do you perform exterior work above four stories? _____
 Any fire, water, mold, or asbestos remediation work being done? _____
 Alarm monitoring? _____
 If "Yes", is the alarm monitoring subcontracted? _____
 Fire suppression or sprinkler work? _____
 Any floor waxing? If "Yes", percentage of your work? _____%
 Any LPG work? If "Yes", percentage of your work? _____%
 Any mobile equipment leased to others? _____

Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No
 Yes No

Any roofing operations? If "Yes", refer to Roofing Supplemental
Any foundation work being done? If "Yes", _____% New _____% Repair
Any new home building? If "Yes", refer to Homebuilders Supplemental
Any snow removal operations?
If "Yes", is there any snow removal for public streets or parking lots?

Yes No
 Yes No
 Yes No
 Yes No
 Yes No

OTHER

- Have you ever been involved in any construction defect claims? Yes No
- If you use subs**, are certificates of insurance obtained from subcontractors? Yes No
- Do you require all subs to have equal limits? Yes No
- Are you named as an additional insured on all subcontractors' policies? Yes No
- Are written contracts in place with all subcontractors which include a hold harmless agreement in your favor? Yes No
- Do you normally use the same subcontractors? Yes No

CURRENT OR RECENT PROJECTS

Project Description	Cost of Project	Duration
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

LOSS INFORMATION

Was prior coverage ever cancelled or non-renewed? Yes No

If "Yes", please explain: _____

Loss information for the past 3 years: No losses No prior coverage

Year	# Of Claims	Incurred Amounts	Description
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FRAUD STATEMENT**Applicable in Arkansas, Louisiana, and West Virginia**

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in Colorado

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable for insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

Applicable in District of Columbia

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Applicable in Florida

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company files a statement of claim containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Applicable in Hawaii

For your protection, Hawaii law requires you to be informed that presenting a fraudulent claim for payment of a loss or benefit is a crime punishable by fines or imprisonment, or both.

Applicable in Kentucky

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

Applicable in Maine

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

Applicable in Maryland

Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Applicable in New Jersey

Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

Applicable in New Mexico

Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Applicable in 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.

Applicable in Ohio

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicable in Oklahoma

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Applicable in Pennsylvania

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.

Applicable in Rhode Island

The insurance application form shall indicate the existence of a criminal penalty for failure to disclose a conviction of arson.

Applicable in Tennessee, Virginia, and Washington

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

SIGNATURES

I hereby certify that all information is accurate to the best of my knowledge.

Applicant's Name and Title: _____

Applicant's Signature: _____

Date: _____

Producer's Signature: _____

Date: _____