

**ARTISAN CONTRACTOR SUPPLEMENTAL APPLICATION  
SUBMIT WITH ACCORD APPLICATION**

Mandatory Artisan Contractors Supplemental Application

Named 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 |
| _____ Other             | Describe work: _____ |                         |                              |

B. Describe the percentage and nature of any operations in a commercial environment: \_\_\_\_\_

C. Number of residential snow plowing accounts \_\_\_\_\_ Number of commercial snowplowing accounts \_\_\_\_\_

D. Describe the percentage and nature of excavation work: \_\_\_\_\_

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 of 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 the current business name? \_\_\_\_\_

O. Prior insurance carrier name for the current business? \_\_\_\_\_

P. Describe any losses in the past three years under the current business name? \_\_\_\_\_

Q. Has insured conducted business under a **DIFFERENT** business name other than the one listed on this application in the last 3 years? \_\_\_\_\_

If yes, state name of business, prior carrier and is that business still active?

\_\_\_\_\_

**FRAUD STATEMENT**

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. (New York)

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

Telephone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date