



Artisan/Trade Contractors Program

ARTISAN/TRADE CONTRACTORS APPLICATION

This application may only be used for eligible Artisan/Trade Contractor classes listed on page two of this application.

Applicant Name: _____

Mailing Address: _____

Location Address: _____

Audit Contact: _____ Phone Number: _____

Website Address: _____ Email Address: _____

Limits Requested: 1M/2M/2M 2M/2M/2M 3M/3M/3M

Projected Annual Sales: \$ _____

How long has the applicant been in business? _____

List all states where construction activity is planned: _____

Projected cost of Subcontracted work (Includes labor & materials) \$ _____

If subcontractors are used, the applicant requires certificate of insurance evidencing General Liability Coverage at equal limits and is named as Additional Insured?

True False

The applicant does not have any past allegations or claims involving construction defect

True False

The applicant does not have any prior, existing or pending bankruptcy in the last 5 years

True False

The applicant does not perform any:

Waterproofing

True False

Exterior operations in excess of 4 stories

True False

Roofing work (including new installation, repair or replacement)

True False

Alarm monitoring or security system installation, service, maintenance or repair work

True False

Rigging work or use of cranes

True False

Ice or snow treatment/removal services

True False

Fire, water, soot, mold, asbestos or any other type of property damage remediation

True False

Fire suppression or sprinkler work

True False

Construction management for others for a fee

True False

Elevator or escalator work

True False

Home building

True False

Environment cleanup or abatement

True False

Demolition work (except incidental non-load bearing interior work)

True False

Structural Steel Erection

True False

Real Estate Development

True False

Any worked performed in the NY City boroughs of Manhattan, Brooklyn, Bronx or Queens?

YES NO

Loss information for the past 3 years: None (attach hard copy, currently valued loss runs)

Year	# of claims	Incurred Amounts	Description of Claim
		\$	
		\$	
		\$	

Indicate the operations conducted by the applicant by providing the payroll (including casual labor) for each trade performed by the applicant:

Classification	Payroll	Classification	Payroll
Air Conditioning Installation Service & Repair	\$	Insulation Installation - mechanical	\$
Appliance Installation - Commercial	\$	Interior Decorators	\$
Appliance Installation - Household		Janitorial	\$
Cabinet Installation	\$	Landscape Gardening (snow removal exclusion)	\$
Carpentry - NOC (no framers)	\$	Masonry	\$
Carpet Installation	\$	Metal Erection - Decorative	\$
Carpet Cleaning (on premises)	\$	Metal Erection - Nonstructural	\$
Ceiling or Wall Installation - Metal	\$	Office Machines Installation	\$
Concrete - Sidewalks, Flatwork	\$	Painting - Exterior (not higher than 3 stories)	\$
Conduit	\$	Painting - Interior	\$
Debris Removal - Construction Site	\$	Paperhanging	\$
Driveway or Parking areas Paving (no sidewalks or public areas)	\$	Plastering or Stucco (EIFS Exclusion)	\$
Dry Wall	\$	Plumbing - Commercial	\$
Electrical Work (inside)	\$	Plumbing - Residential	\$
Excavation	\$	Renovating - Outside surfaces of buildings (4 story maximum)	\$
Fence Erection	\$	Sign - Erection, Installation & Repair	\$
Floor Covering Installation (no ceramic tile)	\$	Sign Painting - Painting & Lettering	\$
Furniture / Fixtures Installation	\$	Solar - Installation & Repair	\$
Grading of Land	\$	Swimming Pool Servicing	\$
Heating / HVAC installation, Service & Repair	\$	Tile, Stone, Terrazzo Work - Interior	\$
House Furnishing Installation (NOC)	\$	Woodworking	\$
Insulation Installation - manual	\$		
Handyman	\$	Window Cleaning-4 story max	\$

There are no operations in any classes other than those listed above

True False

Describe the 3 largest jobs undertaken in the past 3 years:

Description	Location (City, State)	Cost	Duration
		\$	
		\$	
		\$	

PRIOR CARRIER HISTORY

Prior Carriers (Last Three Years):

Year	Carrier	Policy Number	Limits	Premium

Have you operated under any other name (s)? Yes No

If yes, list name, address, years in operation, state of operation and exposures:

Name	Address	Years in Operation	State of Operation	Exposures

Are you involved in any operations outside of the construction industry? Yes No

If yes, describe: _____

Does the applicant carry Employers Liability (Workers Compensation) up to the statutory limits? Yes No

Fraud Statement

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, subject to the laws in your jurisdiction.

Applicants Warranty Statement

The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statement are material to the acceptance of the risk assumed by the Company. The signing of the Application does not bind the underlying to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued.

Failure to fully disclose the material information requested in the application for insurance, whether by omission or suppression, or any material misrepresentation in the statements, information and documents accompanying or relating to the application could render coverage for any claim(s) null and void and entitles the insurance carrier to rescind the policy from its inception.

Signature of Applicant*: _____ Title: _____

Date: _____

*Signing this application does not bind the applicant or the company to complete the insurance.

Name of the Producing Agent:

Signature of the Producing Agent:

Date: