

MAIN SALES INSURANCE SOLUTIONS, INC

ARTISAN CONTRACTOR SUPPLEMENTAL

Insured: \_\_\_\_\_ Date \_\_\_\_\_

Owner/Partner 16,000 \$ \_\_\_\_\_
Employee Payroll: \$ \_\_\_\_\_
Uninsured Subcontractor Payroll: \$ \_\_\_\_\_
Total Payroll: \$ \_\_\_\_\_
Subcontractor Cost \$ \_\_\_\_\_
Total Receipts \$ \_\_\_\_\_

Risk is a (% of each):
General Contractor \_\_\_\_\_ %
Subcontractor \_\_\_\_\_ %

General Information

License # & Type held \_\_\_\_\_
Years in Business: \_\_\_\_\_
Years of Experience: \_\_\_\_\_

Type of Work Performed

Room Additions \_\_\_\_\_ %
Repair/Service Work \_\_\_\_\_ %
Structural Work \_\_\_\_\_ %
Remodeling Work \_\_\_\_\_ %
Other \_\_\_\_\_ %

Maximum # Of Stories \_\_\_\_\_
Maximum Depth below Grade \_\_\_\_\_
Any Roofing Performed [ ] Yes [ ] No
If Yes complete a Roofing Supplemental
(Prohibit Commercial Roofing)

Ground Up Construction \_\_\_\_\_ %
% Residential \_\_\_\_\_ % (new residential \_\_\_\_\_ Yes \_\_\_\_\_ No)
% Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ %

Type of work done by you and your employees: \_\_\_\_\_

- Alarm monitoring? [ ] Yes [ ] No Alarm monitoring subcontracted? [ ] Yes [ ] No
Any mobile equipment leased without operators? [ ] Yes [ ] No
Type of equipment leased? \_\_\_\_\_
Any snow plowing operations? [ ] Yes [ ] No Street Cleaning [ ] Yes [ ] No Public Streets & Roads? [ ] Yes [ ] No
Has the ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years or will they do so in the future? [ ] Yes [ ] No
Have you ever been involved or are you involved in construction of residential room additions? [ ] Yes [ ] No
Any LPG work? [ ] Yes [ ] No \_\_\_\_\_ % of total Any Floor waxing? [ ] Yes [ ] No \_\_\_\_\_ %
What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - \_\_\_\_\_

List the last 3 jobs including the cost of those jobs.

Table with 3 columns: Location, Type of Job, Job Receipts. Includes rows for job details and costs.

Describe any losses: \_\_\_\_\_

SUBCONTRACTED WORK

- What work are the subcontractors hired to do? \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
Are certificates of insurance obtained prior to subcontractors starting work? [ ] Yes [ ] No
Minimum Limits Required \$ \_\_\_\_\_
Are you named as an additional insured on the subcontractor's policy? [ ] Yes [ ] No
Do subcontractors carry Worker's Compensation [ ] Yes [ ] No

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

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Producer: \_\_\_\_\_ Date: \_\_\_\_\_