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ARTISAN CONTRACTORS GENERAL LIABILITY APPLICATION

Broker: Venture Insurance Services - fax: 866-726-8443

Applicant Name: _____

Applicant DBA: _____

(In this questionnaire the Applicant is referred to as “you”)

- Physical Address: _____
- Mailing Address: _____
- Business Phone: _____ Business Fax: _____
- Year Business Started: _____ Years of Experience: _____
- Organization Type:
 - Individual: _____ Partnership: _____ Corporation: _____ Other: _____
- Contractor’s License Number: _____
- Contact: _____ Phone: _____ Fax: _____

Proposed Effective Date: _____

1. Fully describe all your operations:

2. Have you ever operated under any other business name or contractors license number? Yes___ No___ If yes, prior name or lic. number _____
3. Number of owners and officers : _____
4. Gross annual receipts projected for the next policy period (12 months): \$_____
5. Number of employees performing field work (exclude office and sales only): _____

6. Projected Annual field payroll (excluding owners & officers): \$ _____

7. Amount of Subcontract cost: \$ _____

(a) What work is subcontracted? (Please detail individual trades below.)

(b) _____

8. Please advise gross annual receipts for the prior three years:

	Gross Receipts	Trade Payroll	Subcontract Cost
Current policy year			
First prior year			
Second prior year			

9. Do you perform work on the exterior of any building over three (3) stories? Yes ___
No ___

10. What percentage of work performed is (must total 100%):

(a) Residential OTHER THAN APARTMENTS: _____

(b) Apartments: _____

(c) Commercial: _____

(d) Industrial: _____

11. What percentage of RESIDENTIAL work performed is (must total 100%):

(a) New Construction/Development: _____

(b) Structural Remodel/Addition on Existing Structures: _____

(c) Non-Structural Remodel on Existing Structures: _____

12. Is any work performed on new condos, townhouse or tracts? Yes ___ No ___

(a) If yes describe: _____

13. Please detail your five (5) most recent, current or planned jobs:

Project Name or Owner	Description of Project	Description of Work	Receipts	Date Completed

14. Please detail your five (5) largest jobs in the past 5 years:

Project Name or Owner	Description of Project	Description of Work	Receipts	Date Completed

15. Have you ever done, used a subcontractor to do, or worked on a job where the prime contractor has done:

(a) work on any dwelling for anyone other than the owner of an individual residence?

Yes ___ No ___

(b) work for insurance companies? Yes ___ No ___

(c) work in connection with any home warranty? Yes ___ No ___

(d) restoration work to any property damaged by fire? Yes ___ No ___

(e) restoration work to any property damaged by water? Yes ___ No ___

(f) operations involving the installation, service or repair of any movable barrier, including but not limited to any type of gates/doors? Yes ___ No ___

(g) operations related to any project insured under a "wrap-up" or "owner-controlled insurance program"? Yes ___ No ___

(h) operations related to earthquake retrofitting? Yes ___ No ___

(i) any operations involving the installation, service or repair of any substance, material or device intended to prevent intrusion of water or moisture into any structure? Yes ___ No ___

16. Do you plan to be involved in any new construction or development project involving residential structures including, but not limited to, single family dwellings, condominiums, townhomes, townhouses or tract housing? Yes ___ No ___

17. Do you do or plan to do any work for or endorsed by condominium or homeowners, associations? Yes ___ No ___

18. Have you ever done any work for or endorsed by condominium or homeowners, associations? Yes ___ No ___

19. Have you ever been involved in conversion and/or subdivision of any structures or properties including, but not limited to, apartment buildings, into condominiums, cooperatives, townhomes, townhouses or any other form of multi-unit development? Yes ___ No ___

(a) Do you plan to do this type of work? Yes ___ No ___

20. Have you ever performed work for developers or general contractors involved in conversion and/or subdivision of any structures or properties including, but not limited to, apartment buildings, into condominiums, cooperatives, townhomes, townhouses or any other form of multi-unit development? Yes ___ No ___

21. Have you ever supervised or will you ever supervise contractors paid by anyone else? Yes ___ No ___

22. Do you purchase property for renovation and resale? Yes ___ No ___

23. Have you allowed or will you ever allow your Contractors License to be used by any other contractor? Yes ___ No ___

(a) If yes, did/will such use of Applicant's License by another contractor involve a project on which Applicant did/will NOT work? Yes ___ No ___

24. Subcontractors

(a) Do you have a standard formal written contract with subcontractors? Yes ___ No ___

(b) Do you require and collect certificates from all subcontractors? Yes ___ No ___

(c) Do you require that subcontractor's limits of liability be equal to or greater than applicant's limits? Yes ___ No ___

(d) Do you require to be named as an additional insured on all certificates? Yes ___ No ___

(e) Do you require a hold harmless agreement in your favor from all subcontractors? Yes ___ No ___

25. Prior Insurance Carriers (if no coverage enter NONE):

	Policy Year	_____ Insurance Carrier _____	_____ Policy Number _____
Current Year			
First Prior Year			
Second Prior Year			
Third Prior Year			

26. Was any policy canceled or non-renewed in the past 3 years? Yes ___ No ___

27. What is the exact expiration or cancellation date of your most recent GL policy?

28. In the past five (5) years have there been any claims, demands or legal actions made against you, whether or not insured or paid? Yes ___ No ___

29. Is/are there presently any "open" claim(s) being handled by any prior carrier, regardless of age of claim? Yes ___ No ___

30. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against you? Yes ___ No ___

APPLICANT'S STATEMENT

1. I hereby attest that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature and Date