

TPCI Supplemental - Artisan Contractors

Insured Name	Years of industry experience	Full time employees
		Part time employees
Security/Surveillance at Insured Premises (check all that apply) <input type="checkbox"/> Video Surveillance <input type="checkbox"/> Security Service <input type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> No Security or Surveillance <input type="checkbox"/> Armed <input type="checkbox"/> <input type="checkbox"/> Unarmed <input type="checkbox"/>		For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Liability Information

Check here if there is no vacant land (if checked, this section may be skipped)

# of Acres	Is any land being used as hunting preserves or dude ranches?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Explain any plans for development of vacant land in the next two years:			
Please provide percentage of work done per clientele type:			
<i>Residential:</i> %	<i>Commerical:</i> %	<i>Industrial:</i> %	
Does the applicant obtain certificate of insurance from all sub-contractors showing minimum limit that is equal to the liability limit requested?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - no subcontractor is used			
Does the applicant obtain a standard written agreement from all sub-contractors?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does each subcontractor indemnify and hold the applicant harmless?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Does each subcontractor name the applicant as additional insured in their liability policy?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Have the appropriate trade licenses been maintained throughout the business' operational years?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant operated as a general contractor, construction / project manager or real estate developer within the last 10 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain:
Indicate all current license number(s) and name on the license(s):			
Does the applicant perform work on new, residential buildings (dwellings, apartments or condos)?			
<input type="checkbox"/> No			
<input type="checkbox"/> If yes, provide details (type of job and size)			
Any operations (past or present) involving demolition/wrecking, explosives/blasting, insulation, hazardous material or pollution abatement, high pressure boiler or liquid petroleum gas (LPG)?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Indicate all that apply: <input type="checkbox"/> Use of Cranes <input type="checkbox"/> Use of Scaffolding <input type="checkbox"/> Exterior work above 4 stories <input type="checkbox"/> None			
Provide details for responses other than "none":			
Has the applicant participate (past or present) in a project with a consolidated insurance program (wrap-up)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain nature of project, time period and applicant's involvement:

THE UNDERSIGNED IN AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWER TO QUESTION ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE.

Producer's Signature	Producer's Name (Please Print)		
Applicant's Signature	Date	National Producer Number	