

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):			<i>For contracted security services:</i> 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
<input type="checkbox"/> Video Surveillance	Security Service: Employees <input type="checkbox"/> Contractors <input type="checkbox"/>		
<input type="checkbox"/> No Security or Surveillance	Armed <input type="checkbox"/>	Unarmed <input type="checkbox"/>	

Liability Information

<input type="checkbox"/> 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:				
Residential: %	Commercial: %	Industrial: %		
Does the applicant obtain certificate of insurance from all subcontractors 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"/> Yes <input type="checkbox"/> No	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 participated (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 IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS 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:	
Applicant's Name (Please Print):			