



Mid Valley General Agency LLC  
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**ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION**  
 (Complete in addition to ACORD General Liability Application)

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

NAME OF APPLICANT: \_\_\_\_\_

State/Area of Operations: \_\_\_\_\_ Web site Address: \_\_\_\_\_

Provide details of all your operations: \_\_\_\_\_

\_\_\_\_\_

Do you have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

\_\_\_\_\_

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**

**1. Applicant Operations:**

Number of Owner/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

**Show by Trade:**

**Operation is: (% of each)**

**Type of Work:**

Trade: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ General Contractor \_\_\_\_\_% Residential/New \_\_\_\_\_%

Trade: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ Artisan Contractor \_\_\_\_\_% Residential/Remodeling \_\_\_\_\_%

Trade: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ Subcontractor \_\_\_\_\_% Condos \_\_\_\_\_%

**Total 100 % Commercial \_\_\_\_\_%**

Uninsured Subcontractors: Cost \$ \_\_\_\_\_ Industrial \_\_\_\_\_%

Other: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ **Total 100 %**

Insured Subcontractors: Cost \$ \_\_\_\_\_

**2. Receipts/Sales:** Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

**3. Describe equipment used in operations:** \_\_\_\_\_

Cranes/Cherry Pickers/Lifts—Maximum height: \_\_\_\_\_

**4. List three current or planned projects:**

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

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**5. List five largest jobs in the last three years:**

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

**6. Have you acted in the capacity of a General Contractor in the past? .....**  Yes  No

If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Indicate percentage of total operations performed by you or subcontractors for the following:**

Airports	%	Earthquake Retrofitting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	%
Ammonia Refrigeration Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	%
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	%
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treatment or Remediation	%	Sand Blasting	%
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	%
Boilers	%	Fire Suppression Systems	%	Over the Hole	%	Soil Stabilization	%
Bridge Work	%	Framing (Residential)	%	Petrochemical Plants	%	Surveying	%
Conveyers	%	Foundations	%	Pile Driving	%	Synthetic Stucco	%
Cranes	%	Grain Elevators	%	Prisons	%	Trailer Hitches	%
Demolition	%	Hazardous Waste	%	Railroads	%	Underpinning	%
Design	%	Home Inspections	%	Refineries	%	Waterproofing	%
Drilling	%	LPG	%				

Any work on hillsides/slopes (over 15% grade)? .....  Yes  No

If yes, percentage of operations:..... \_\_\_\_\_%

Any work at landfills? .....  Yes  No

If yes, percentage of operations:..... \_\_\_\_\_%

Other: \_\_\_\_\_

\_\_\_\_\_

**8. List the subcontracted trades used and the percentage of total operations:**

Carpentry	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Plumbing	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Electrical	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %
Heating/Air	_____ %	_____ / _____ %	_____ / _____ %	_____ / _____ %

**9. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?  Yes  No** If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

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**10. Liability Controls:**

- a. Do you use a written contract with customers? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- b. Do you use a written contract with subcontractors? .....  Yes  No  
If no, explain when not required: \_\_\_\_\_
- c. Do your contracts contain a hold harmless agreement in your favor? .....  Yes  No
- d. Do you obtain certificates of insurance from all subcontractors? .....  Yes  No  
If yes, minimum limits required: \_\_\_\_\_  
\_\_\_\_\_
- e. Are you added as an additional insured on the subcontractors' liability policies? .....  Yes  No
- f. Do you have Workers' Compensation coverage in force? .....  Yes  No
- g. Do you provide architectural or engineering design services? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
Do you carry Errors & Omissions coverage for these services? .....  Yes  No
- h. Are you a contraction/project manager or consultant? .....  Yes  No
- i. Have you been involved in any claims involving construction defects? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):**

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: \_\_\_\_\_  
\_\_\_\_\_

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.