



Mid Valley General Agency LLC
 888 Madison St NE, Ste 100, Salem, OR 97301
 Phone: 888-565-7001 ♦ Fax: 888-265-7353
quotes@midvalleyga.com

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION
 (Complete in addition to ACORD General Liability Application)

Applicant's Name: _____ _____ Mailing Address: _____ _____	Agency Name: _____ _____ Agent No.: _____ Phone No.: _____
---	---

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant
 ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

1. Applicant Operations:

- a. States/Areas of Operations: _____

- b. Describe all operations in detail: _____

- c. Length of time in business operating under the name shown above: _____ years or new venture
- d. Number of Owner/Partners/Officers:
- e. Number of Trade Employees:
- f. Total Payroll:\$ _____
 (The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

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/Townhouses _____ %
Other: _____	Total 100%	Commercial _____ %
		Industrial _____ %
		Total 100%

- g. Subcontracted work (include cost of labor and materials):
 Uninsured Subcontractors: Total Cost:.....\$ _____
 Insured Subcontractors: Total Cost:.....\$ _____
 Payroll:\$ _____

h. Is applicant licensed? Yes No
 If yes, type of license and number: _____ Year license issued: _____
 Has applicant operated or been licensed under any other name(s) during the past ten (10) years? .. Yes No
 If yes, provide prior name(s) and describe type of operations: _____

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.	\$	

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

Customer Name, Project Description and Location	Cost of Project	Start Date	End Date
a.	\$		
b.	\$		
c.	\$		
d.	\$		
e.	\$		

6. Indicate percentage of total operations performed by applicant or subcontractors for the following:

Airport	%	Chemical plant	%	Electrical fence	%
Ammonia refrigeration system	%	Conveyer	%	Excavating	%
Asbestos removal	%	Crane	%	Farm equipment repair	%
Automatic/Power door	%	Cooking exhaust/vent/hood (cleaning)	%	Fire suppression system	%
Blasting	%	Demolition	%	Fire/Water restoration	%

Boilers (commercial)	%
Boilers (residential)	%
Bridge work	%
Framing (residential)	%
Grain elevator	%
Hazardous waste	%
Home inspection	%
Hydraulic fracturing/ hydrofracking	%
LPG (percent of receipts)	%
Marina	%
Maritime USL&H	%
Mining	%
Mold/Spore treatment or remediation	%

Design	%
Drilling	%
Earthquake retrofitting/ reinforcing	%
Oil/Gas field	%
Oil/Gas plant	%
Over the hole	%
Pile driving	%
Prison	%
Railroad	%
Refinery	%
Residential home (new construction)	%
Roofing	%
Sand blasting	%

Fireplace insert	%
Foundation construction	%
Foundation repair	%
Sand/Gravel	%
Siding	%
Soil stabilization	%
Soil testing	%
Surveying	%
Trailer hitch	%
Underpinning	%
Waterproofing	%
Wood/Pellet stove installation	%
Work on rooftops (other than roofing)	%

7. Has applicant acted in the capacity of a General Contractor in the past?..... Yes No
If yes, provide details: _____

8. Any past or current operations on new condominiums or townhouses/townhomes? Yes No
If yes, provide details: _____

9. Any past or current operations on apartment to condominium or townhouse conversions or industrial building conversions to residential condos or lofts? Yes No
If yes, provide details: _____

10. Any past or current operations as a house flipper? Yes No
If yes, provide details: _____

11. Any work on hillsides/slopes over fifteen percent (15%) grade? Yes No
If yes, percentage of operations:..... _____%

12. Any work at landfills? Yes No
If yes, percentage of operations:..... _____%

13. Any work performed above two stories in height from grade? Yes No
Maximum number of stories:..... _____

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

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

15. Liability Controls:

- a. Does applicant use a written contract with customers?..... Yes No
If no, explain when not required: _____
- b. Does applicant use a written contract with subcontractors?..... Yes No
If no, explain when not required: _____
- c. Do applicant's contracts contain a hold harmless agreement in applicant's favor?..... Yes No
- d. Does applicant obtain certificates of insurance from all subcontractors?..... Yes No
If yes, minimum limits required:..... \$ _____
- e. Is applicant added as an additional insured on the subcontractors' liability policies?..... Yes No
- f. Does applicant have Workers' Compensation coverage in force?..... Yes No
- g. Does applicant provide architectural or engineering design services? Yes No
If yes, explain: _____

- Does applicant carry Errors & Omissions coverage for these services?..... Yes No
- h. Is applicant a construction/project manager or consultant?..... Yes No
- i. Has applicant been involved in any claims involving construction defects?..... Yes No
If yes, explain: _____

16. Electronic Data Liability limit:

- None \$10,000 \$25,000 \$50,000 \$100,000

17. Any past or present EIFS (synthetic stucco) operations for commercial or residential construction?..... Yes No

If yes, advise: _____

18. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?..... Yes No

If yes, provide details: _____

19. Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?..... Yes No

If yes, describe: _____

20. Does applicant have other business ventures for which coverage is not requested?..... Yes No

If yes, explain and advise where insured: _____

<p>California risks only:</p> <p>21. Number of homes contemplating new residential work within the next twelve (12) months:..... _____</p> <p>22. Number of homes with work planned in any one development or new construction phase: _____</p> <p>23. What are the sales generated from new residential operations?\$ _____</p> <p>24. Number of homes with new residential work in the last five years: _____</p>
--

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. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON): Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA 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.

APPLICANT'S STATEMENT:

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

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.