

Member companies of Western World Insurance Group

- Western World Insurance Company
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**Application
For
Artisan Contractors**

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1. Business Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Web Site Address: _____
 2. Year(s) in business under this name: _____ Time at this address: _____
 3. Year(s) of experience in this field: _____ License class/number: _____
Contact Name: _____ Contact Telephone: _____
 4. Does Applicant allow their license to be used by others to obtain a permit without Applicant's supervision on the job site? Yes No
 5. Area of Operations (county/state): _____
 6. Percent of work as an Artisan contractor? _____%
 7. Percent of Applicant's work as a subcontractor? (Working for General Contractor/Developer) _____%
 8. Limits of Liability requested: \$ _____
 9. **Gross receipts** for prior policy period: \$ _____
 10. **Gross receipts** anticipated for this policy period: \$ _____
 11. Number of active owners (except those exclusively in clerical or sales): _____
 12. Show percent (%) of work performed in: (Reading across, each line – a, b & c – should total 100%)
 - a. _____ New Construction _____ Remodeling _____ Demolition _____ Repair =100%
 - b. _____ Commercial _____ Industrial _____ Residential _____ Institutional =100%
 - c. _____ Rural _____ Suburbs _____ Urban =100%
 13. Has Applicant worked on any condominiums, town houses, or tract homes in the past five (5) years? Yes No
If yes, specify year(s), number(s), location(s) and job description(s): *(If needed, continue on Attachment to A78.)* _____
 14. Does Applicant plan on working on, or is Applicant working on, any condominiums, town houses, or tract homes? Yes No
If yes, specify number, location and job description: _____
 15. Has Applicant worked in any of the following states: AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA? Yes No
If yes, indicate which one(s) and provide specific information on each job: _____
 16. Does Applicant plan on working in, or is Applicant working in, any of the following states: AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA? Yes No
If yes, indicate which one(s) and provide specific information on each job: _____
 17. Does Applicant use any subcontractors? Yes No **(If yes, complete questions 18, 19, and 20.)**
 18. Annual subcontracted cost (labor and material): \$ _____
(Include cost of all material provided by Applicant, a sub, an owner or a bank.)
 19. Does Applicant normally employ the same subcontractors? Yes No
If yes, please list major subcontractors used. *(If needed, continue on Attachment to A78.)* _____
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20. Do all subs provide Certificates of Insurance? Yes No

Limits required of Applicant's subcontractors: \$ _____ Occurrence
 \$ _____ Aggregate

Is the Applicant an Additional Insured on all subcontractor's policies? Yes No

Do all subcontractors "Hold You Harmless"? Yes No

Does the Applicant keep copies of all Certificates? Yes No

How long are they kept? _____

Explain any "No" responses to question 13. _____

(If needed, continue on Attachment to A78.) Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insured's and their interest and any hold harmless wording).

21. Does Applicant frame residential dwellings? Yes No If yes, how many over the past two (2) years? _____

How many anticipated for the coming 12 months? _____

22. Does Applicant have any real estate development property? Yes No

If yes, how many acres and what is to be developed? _____

23. Any foundation work? Yes No

24. Does Applicant do roofing? Yes No Commercial % Residential %

Does Applicant do re-roofing? Yes No Commercial % Residential %

25. Does Applicant use or have you used synthetic stucco (EIFS)? Yes No

26. Any lead, asbestos, mold or radon removal or remediation? Yes No

27. If excavating work, does Applicant use "Dig Safe" or a similar method of contacting utilities prior to digging? Yes No

28. Number of employees in the following classes: (Other than owners, partners & clerical.)

	ISO Class	# of Employees	Payroll
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____

29. Describe the typical project Applicant's company is involved in: _____

(If needed, continue on Attachment to A78.)

30. During the past three (3) years has any company ever cancelled, declined or refused to issue similar insurance to Applicant? Yes No

If yes, please explain: _____

(If needed, continue on Attachment to A78.)

31. Previous Insurer: Indicate premium and losses for the past three (3) years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Paid	Losses Reserved	Description
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

The above Applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Signature of Applicant:* _____ Title (Officer, Partner): _____

Date: _____

* Signing this questionnaire does not bind the applicant to accept or the insurer to provide the insurance.

