



TOWER GROUP
COMPANIES

Artisan Contractors Supplemental Application (California)

NOTE: this application must be completed in addition to the Acord application and must be signed by insured

Date: _____

Name of Applicant: _____

State / Region of Operations: _____ Website address: _____

Radius of Operations: _____

Years in Business: _____ Years Experience in Trade: _____

Describe Your Operations: _____

Contractor License Type/State and License Number: _____

Other Business Ventures: _____

Other Names you operate under now or have operated under in the past 7 years: _____

Inspection Contact: _____ Phone Number: _____

1. Your Operations

Number of Owners/Partners _____

Number of Employees _____

Total Payroll _____

Gross Receipts Current Year: _____ Previous Year: _____

What trades are included in the work you **currently** perform yourself:

| Trade Type | Payroll | Percentage Commercial Work | Percentage Residential Work* |
|------------|---------|----------------------------|------------------------------|
| | | | |
| | | | |
| | | | |

*If residential work, does this include work within a residential tract development in which there are more than 10 (ten) lots or homes within the tract (regardless of the number of homes you actually work on)?

Complete the following for the trade work **you have performed in the past but are no longer performing:**

| Trade Type | Payroll | Percentage Commercial Work | Percentage Residential Work* | Date you last performed this work |
|------------|---------|----------------------------|------------------------------|-----------------------------------|
| | | | | |
| | | | | |
| | | | | |

*If you performed residential work in the past 10 years, did it include work in tract developments in which there are more than 10 (ten) lots/homes within the tract (regardless of the number of homes you worked on)?

Insurance History

| Year | Company | Premium | Number of Claims | Losses (paid and reserved) | Description |
|------|---------|---------|------------------|----------------------------|-------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Type of Operations:

| Type | Percentage | Type | Percentage |
|--|------------|---|------------|
| General Contractor | | Residential/New | |
| Trade Contractor (working for owner) | | Residential/Remodel (structural framing, foundations, roofs, etc) | |
| Subcontractor (working for a general contractor) | | Residential/Remodel (non-structural) | |
| | | Commercial Work | |
| | | Industrial Work | |
| | | Condo Work | |
| | | Tract Home Work* | |
| | | | |

*If Tract Home Work, how many homes were in the tract regardless of the number of homes you actually worked on? _____

2. List four current and planned jobs:

| Name of Project and Description | Cost | Duration of Job |
|---------------------------------|------|-----------------|
| | | |
| | | |
| | | |
| | | |

3. List five largest jobs in the past 5 years:

| Name of Project and Description | Cost | Duration of Job |
|---------------------------------|------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

4. List percentage of work done by you in any of the following classes:

| | | | |
|-----------------|-------------------|-----------------|--------------------|
| Airports % | Design % | Oil & Gas % | Surveying % |
| Asbestos Work % | Drilling % | Pile Driving % | Synthetic Stucco % |
| Blasting % | Excavating % | Prisons % | Underpinning % |
| Boilers % | Foundations % | Railroads % | Street/Road % |
| Bridge Work % | Grain Elevators % | Roofing % | Sewer % |
| Conveyers % | Hazardous Waste % | Sand/Gravel % | |
| Cranes % | Marinas % | Sand Blasting % | |
| Demolition % | Mining % | Soil Testing % | |

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

| | | | |
|----------------|--------------------|--|--|
| Carpentry % | Cranes % | | |
| Plumbing % | Roofing % | | |
| Electrical % | Synthetic Stucco % | | |
| Heating / AC % | Street/Road % | | |
| Demolition % | Sewer % | | |
| Foundations % | Other_____ | | |
| Excavating % | | | |

6. Additional Questions:

| | | |
|--|-----|----|
| a. Do you use a written contract with customers? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| b. Do you use a written contract with subcontractors? | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| c. Do your contracts with subcontractors contain hold harmless and indemnification agreements in your favor? | YES | NO |
|--|-----|----|

| | | |
|--|-----|----|
| d. Do you obtain certificates of insurance from all subcontractors? | YES | NO |
| What minimum liability do you require?_____ | | |
| Do you require subcontractors to carry Workers' Compensation ? _____ | | |

| | | |
|--|-----|----|
| e. Are you added as an additional insured on the subcontractors' liability policies? | YES | NO |
|--|-----|----|

| | | |
|---|-----|----|
| f. Do you have Work Comp coverage in force? | YES | NO |
|---|-----|----|

| | | |
|---|-----|----|
| g. Does your work ever include work outside of the trade class(es) which you listed at the beginning of this application? | YES | NO |
|---|-----|----|

If yes, Explain: _____

| | | |
|---|-----|----|
| h. Do you provide architectural or engineering design services? | YES | NO |
|---|-----|----|

If yes, What kind? _____

Do you carry Errors and Omissions coverage? _____

| | | |
|--|-----|----|
| i. Have you had any claims or suits filed against you involving construction defect? | YES | NO |
|--|-----|----|

If yes, Explain: _____

| | | |
|---|-----|----|
| j. Do you allow your license to be used by others to obtain a permit? | YES | NO |
|---|-----|----|

| | | |
|--|-----|----|
| h. Does your work include work for condo, townhouse, or time share associations? | YES | NO |
|--|-----|----|

7. Signature of Applicant (required)

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.

NAME AND TITLE of APPLICANT: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

ALL QUESTIONS MUST BE ANSWERED BY THE APPLICANT. IF QUESTIONS DO NOT APPLY, INDICATE "NA" OR "NOT APPLICABLE"