

# INSURANCE SOLUTIONS ARTISAN CONTRACTOR QUOTE SHEET

Agency Name \_\_\_\_\_

Named Insured: \_\_\_\_\_ Fed. Tax Id \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Phone#: \_\_\_\_\_ Contact Name \_\_\_\_\_

Description of Clients operations \_\_\_\_\_

Type Business: Sole Prop [ ] Partnership [ ] LLC [ ] Corporation [ ]

Prior Carrier: \_\_\_\_\_ Premium \_\_\_\_\_ Years in business \_\_\_\_\_

If new in business (or no current coverage), Number of years' experience in industry \_\_\_\_\_

Are you a current member of the Homes Builders Association, If so which one? \_\_\_\_\_

Current Expiration Date: \_\_\_\_\_ if new in business or no current coverage (we are going to have to have a resume showing the clients prior contracting/work experience)

Prior Losses (3years): (If prior coverage we will need currently valued loss runs \_\_\_\_\_

Location Address: \_\_\_\_\_

Protection Class \_\_\_\_\_ Construction [ ] Frame [ ] Joisted Masonry [ ] Metal [ ] Masonry Non combustible

Property Deductible \_\_\_\_\_ Annual Receipts/Sales \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Building Value \_\_\_\_\_ Contents Value \_\_\_\_\_ Loss of Income Limit \_\_\_\_\_

Sprinklered [ ] yes [ ] No Central Alarm [ ] yes [ ] no Sq. Footage \_\_\_\_\_

Year Built \_\_\_\_\_ (If over 20 years old need to know year the following were updated):

Roof Update \_\_\_\_\_ Electrical Update \_\_\_\_\_ Plumbing update \_\_\_\_\_ HVAC Update \_\_\_\_\_

Liab. Limit [ ] 300,000 [ ] 500,000 [ ] 1,000,000

# Full Time Employees \_\_\_\_\_ # Part time Employees \_\_\_\_\_

Payroll: (excluding the owners) \_\_\_\_\_

Are there any additional insured endorsements needed? \_\_\_\_\_ If yes we need their name and Address

Are there any waivers of Subrogation needed? \_\_\_\_\_ If yes we need their name and Address

Does primary and non-contributory need to be included? \_\_\_\_\_

**Does the client use any uninsured subs, casual or day labors (If they do they are ineligible for coverage).**

Estimated or annual receipts: \_\_\_\_\_

Annual cost paid to insured subs: \_\_\_\_\_

We will need the contractor's survey completed (see below, there are two of them. One for each company we have that writes general contractors.



**HARFORD MUTUAL**  
FIDELITY AND SECURITY ASSURANCE COMPANY

Phone (410) 838-4000 Fax (410) 838-8675

**CONTRACTOR SURVEY - CPP/BOP** POLICY # \_\_\_\_\_

Named Insured: \_\_\_\_\_  
 Type of Contractor: \_\_\_\_\_  
 Description of Work Performed: \_\_\_\_\_  
 Website Address: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_ Phone No. \_\_\_\_\_

Prior Experience if less than 3 yrs:

Contractors License #: \_\_\_\_\_ License Holder:  Owner  Officer  Employee  Other: \_\_\_\_\_  
 What states do you work in?  DE  DC  MD  NC  NJ  PA  TN  VA  Other: \_\_\_\_\_  
 Work Performed: \_\_\_\_\_ % Residential \_\_\_\_\_ % Multi Residential \_\_\_\_\_ % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % Other: \_\_\_\_\_  
 If multi residential work performed, check all that apply:  Apartments  Condominiums  Townhomes  Tract Homes  
 Type of Work: \_\_\_\_\_ % New \_\_\_\_\_ % Repair \_\_\_\_\_ % Remodeling If residential, number of homes per year: \_\_\_\_\_  
 Estimated gross receipts this year: \_\_\_\_\_ Actual receipts last year: \_\_\_\_\_  
 Estimated contracting payroll this year: \_\_\_\_\_ Actual contracting payroll last year: \_\_\_\_\_  
 Number of Employees: Full Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Casual Labor: \_\_\_\_\_ Maximum at any one jobsite: \_\_\_\_\_

**SUBCONTRACTORS** Minimum GL Limits \_\_\_\_\_ occurrence \_\_\_\_\_ aggregate \_\_\_\_\_

Estimated cost of subcontractors this year \_\_\_\_\_ Actual cost of subcontractors last year \_\_\_\_\_  
 List types of subcontractors used: \_\_\_\_\_  
 Yes  No Do all of your subcontractors provide you with certificates of insurance?  
 Yes  No Do you require subcontractors to name you as additional insured on their liability policy?  
 Yes  No Do your written subcontractor contracts contain hold harmless agreements?  
 Yes  No Are hired subcontractors required to carry workers compensation coverage?  
 Yes  No Are you aware of any claim, action or litigation concerning construction defects regarding either your work or that of a partner, member, corporate officer or hired subcontractor?  
 Yes  No Does an employee of your company have direct oversight of each jobsite in progress?

**INSURANCE**

Yes  No Are all of your operations currently insured? Carrier: \_\_\_\_\_  
 Yes  No Do you have a current Environmental Impairment Liability Policy? Carrier: \_\_\_\_\_  
 Yes  No List all losses within the last 3 years whether insured or not: \_\_\_\_\_

**EQUIPMENT**

Yes  No Is your contractors equipment loaned or rented to others?  Yes  No Do you lease, rent or borrow equipment from others with operators?  
 Yes  No Are employees loaned to others with contractors equipment?  
 Yes  No Do you lease, rent or borrow any equipment from others?  Yes  No Is all equipment stored in a locked building or a fenced area?

**\* INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS**

- |  |  |
|--|--|
| <input type="radio"/> Yes <input type="radio"/> No Airport construction maintenance or repair work?                  | <input type="radio"/> Yes <input type="radio"/> No Lead paint abatement?   |
| <input type="radio"/> Yes <input type="radio"/> No Asbestos testing, monitoring or removal?                          | <input type="radio"/> Yes <input type="radio"/> No Liquefied Petroleum Gas (LPG) work?                                       |
| <input type="radio"/> Yes <input type="radio"/> No Boiler installation, servicing, maintenance or repair?            | <input type="radio"/> Yes <input type="radio"/> No Mold testing or remediation?  |
| <input type="radio"/> Yes <input type="radio"/> No Cranes used or rented in your business?                           | <input type="radio"/> Yes <input type="radio"/> No Oil or gas refinery work?   |
| <input type="radio"/> Yes <input type="radio"/> No Demolition, blasting, wrecking or structure lifting/raising work? | <input type="radio"/> Yes <input type="radio"/> No Overhead power lines or pole hookups?                                     |
| <input type="radio"/> Yes <input type="radio"/> No Electrical control panel work?                                    | <input type="radio"/> Yes <input type="radio"/> No Pesticide, herbicide application, spraying?                               |
| <input type="radio"/> Yes <input type="radio"/> No High voltage/ampereage work above 480 volts?                      | <input type="radio"/> Yes <input type="radio"/> No Retaining walls or shoring operations?                                    |
| <input type="radio"/> Yes <input type="radio"/> No Emergency backup equip. install/service/repair?                   | <input type="radio"/> Yes <input type="radio"/> No Road, bridge, dam or tunnel work?   |
| <input type="radio"/> Yes <input type="radio"/> No Exterior insulation finishing systems work (EIFS)?                | <input type="radio"/> Yes <input type="radio"/> No Snow plowing or street cleaning?  |
| <input type="radio"/> Yes <input type="radio"/> No Excavation, grading or backfilling work?                          | <input type="radio"/> Yes <input type="radio"/> No Swimming pool installation or service?                                    |
| <input type="radio"/> Yes <input type="radio"/> No Exterior spray painting or tower/bridge painting?                 | <input type="radio"/> Yes <input type="radio"/> No Traffic or railroad signal work?  |
| <input type="radio"/> Yes <input type="radio"/> No Fire or burglar alarm work?                                       | <input type="radio"/> Yes <input type="radio"/> No Underground digging or trenching work?                                    |
| <input type="radio"/> Yes <input type="radio"/> No Fireproofing?   | <input type="radio"/> Yes <input type="radio"/> No Underground tank work, removal, or repair?                                |
| <input type="radio"/> Yes <input type="radio"/> No Fire sprinkler installation/service/repair?                       | <input type="radio"/> Yes <input type="radio"/> No Underground water lines or mains?   |
| <input type="radio"/> Yes <input type="radio"/> No Gutting of interior load bearing walls?                           | <input type="radio"/> Yes <input type="radio"/> No Work performed over two stories?  |
| <input type="radio"/> Yes <input type="radio"/> No Hazardous material abatement or transporting?                     | <input type="radio"/> Yes <input type="radio"/> No Work at chemical, nuclear, power plants, hospitals or landfills?          |
| <input type="radio"/> Yes <input type="radio"/> No Heated roofing applications?                                      | <input type="radio"/> Yes <input type="radio"/> No Work in explosive environments? (paint, chemicals, fumes, solvents, etc.) |
| <input type="radio"/> Yes <input type="radio"/> No Indoor air quality control or testing?                            |  |

**\* EXPLAIN ALL "YES" ANSWERS:**

**CONTRACTOR SURVEY (CONTINUED)**

DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES. INCLUDE JOB NAME, STATE, WORK DESCRIPTION &amp; DURATION.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**CONTRACTOR SURVEY - AUTO**

POLICY # \_\_\_\_\_

Named Insured: \_\_\_\_\_

Number of Vehicles: \_\_\_\_\_ Owned \_\_\_\_\_ Leased

Radius of Operation  1-50 miles  51-200 miles  over 200 miles Yes  No Are all vehicles titled in the business name shown on the policy?

If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:

 Yes  No Are there any vehicles titled in your individual name that are insured on another policy? If yes, provide details. Yes  No Do your employees take vehicles home at night? Yes  No Are employees allowed to use company vehicles for personal use? Yes  No Are family members allowed to drive vehicles being insured on this policy? If yes, include information on drivers list to order MVR's for those individuals Yes  No Are Motor Vehicle Reports (MVR's) obtained for all drivers? Yes  No Are vehicles used for snow removal? If yes, explain \_\_\_\_\_ Yes  No Are vehicles used for towing? If yes, explain \_\_\_\_\_ Yes  No Any vehicles equipped with buckets or lifts? If yes, explain \_\_\_\_\_ Yes  No Any vehicles equipped with booms or cranes? If yes, explain \_\_\_\_\_ Yes  No Are hazardous materials transported in autos? If yes, explain \_\_\_\_\_ Yes  No Is there a vehicle maintenance program?

Signature of Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTRACTOR SURVEY - WORKERS' COMPENSATION**

POLICY # \_\_\_\_\_

Named Insured: \_\_\_\_\_

Employees and Subcontractors

Maximum number of employees at any one jobsite at one time: \_\_\_\_\_

Total number of family members that work in your business: \_\_\_\_\_

 Yes  No Do all of your subcontractors and employees paid on 1099's have Workers Compensation coverage? Yes  No Are certificates of insurance required and kept on file to verify that subcontractors have Workers Compensation coverage?

Loss Prevention &amp; Control

 Yes  No Do you have a safety program in place? Yes  No Are safety meetings held regularly with your employees? Yes  No Do all of your employees know how to read and speak in English? Yes  No If not, are all safety procedures conveyed to those employees in their native language? Yes  No Are hard hats provided and worn on all job sites? Yes  No Are safety goggles/glasses provided and worn? Yes  No Is fall protection provided and enforced? Yes  No Is scaffolding used in your business?

\_\_\_\_\_ Feet What is the maximum height of your work involving scaffolding?

 Yes  No Are forklifts used by your employees? Yes  No Are the employees trained to properly use the forklifts?

# BMIC Contractor Supplement

Trade Contractor   
  General Contractor   
  Other  
 % Residential \_\_\_\_\_ % Industrial \_\_\_\_\_ % Commercial \_\_\_\_\_

IMPORTANT—TO ENSURE TIMELY PROCESSING OF YOUR SUBMISSION, FORM MUST BE COMPLETED IN FULL.

## ACCOUNT INFORMATION

Applicant \_\_\_\_\_ Policy/quote # \_\_\_\_\_ Effective date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Type of business \_\_\_\_\_ Applicant's mobile # \_\_\_\_\_  
 Contractor license #'s \_\_\_\_\_ Website address \_\_\_\_\_  
 States of operation \_\_\_\_\_ # of employees \_\_\_\_\_  
 Years experience \_\_\_\_\_ Gross receipts past year \$ \_\_\_\_\_  
 Years In business (for this entity) \_\_\_\_\_ Estimated current receipts \$ \_\_\_\_\_

## OPERATIONS

Does applicant have a formal safety program?  YES  NO  
 Does applicant have a dedicated safety director?  YES  NO

If yes, name: \_\_\_\_\_

In the past 5 years, has the applicant worked on condominiums, town homes or tract homes?  YES  NO

In the next year, does the applicant intend to work on any condominiums, town homes or tract homes?  YES  NO

If yes, specify year(s), number(s), location(s) and job description(s):

### TYPE OF WORK PERFORMED:

Fire/water restoration \_\_\_\_\_ %  
 Room additions \_\_\_\_\_ %  
 Repair/service work \_\_\_\_\_ %  
 Structural work \_\_\_\_\_ %  
 Remodeling work \_\_\_\_\_ %  
 Other (explain below) \_\_\_\_\_ %  
 Maximum # of stories \_\_\_\_\_  
 Maximum depth below grade \_\_\_\_\_

### Please check all exposures that apply:

- USL&H
- CCIP/OCIP (wrap ups)
- Use scaffolding Who installs \_\_\_\_\_
- Use stilts
- Use ladders
- Roofing work
- Use fall protection
- Use harnesses
- Use cranes
- LPG work
- Work in confined spaces
- Boiler work

- Any public works
- Blasting work
- Trenching Max depth \_\_\_\_\_
- Use trench boxes, sloping
- Work on buildings over 3 stories (excluding interior work) Max height \_\_\_\_\_
- Working on walls over 6' tall Max height \_\_\_\_\_
- Structural work performed
- Removal of load bearing walls
- If yes to previous question, does a licensed engineer approve the plans
- Work performed in removal of asbestos, lead and/or mold
- Work performed on roads/bridges/highways/overpasses/traffic signals
- Tree removal, topping or relocation

Clarifying comments:

# BMIC Contractor Supplement

## OPERATIONS—continued

List the past 3 and current 3 jobs, including the cost.

LOCATION	TYPE OF JOB	JOB RECEIPTS
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

## SUBCONTRACTED WORK

Total cost of subcontracted work in the past year for insured subcontractors \$ \_\_\_\_\_

What type of uninsured subs does the applicant use? \_\_\_\_\_

What work are the subcontractors hired to do? \_\_\_\_\_

### Please check all that apply:

- Certificates of Insurance are obtained prior to subcontractors starting work
- Applicant is named as an Additional Insured on the subcontractor's policy
- Applicant uses written subcontractor agreements
- Applicant requires subcontractors to carry Workers' Comp and General Liability
- Subcontractors have liability insurance in force with limits equal to or greater than the applicant's
- Subcontractors are allowed to work without providing the applicant with a Certificate of Insurance

## HIRING PRACTICES

### Please check all that apply:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Written application required | <input type="checkbox"/> Background check performed | <input type="checkbox"/> Driving records checked  |
| <input type="checkbox"/> Pre/post hire drug testing   | <input type="checkbox"/> References checked         | <input type="checkbox"/> Day/temporary labor used |

Please describe new hire training process:

For new hire safety basics, visit [buildersmutual.com/worksafe](http://buildersmutual.com/worksafe). Additional risk management resources can be found at [buildersmutual.com/RM](http://buildersmutual.com/RM).

## ADDITIONAL COMMENTS

Applicant signature \_\_\_\_\_

Date \_\_\_\_\_