

INSURANCE SOLUTIONS ARTISAN CONTRACTOR QUOTE SHEET

Agency Name _____

Named Insured: _____ Individual _____ Partnership _____ Corp _____ LLC _____

Federal Tax ID: _____

Address: _____

City: _____ ST _____ ZIP _____

Phone#: _____ Contact Name _____

Description of Clients operations _____

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 _____

Sq. Footage _____ Sprinklered Yes _____ No _____ Central Alarm Yes _____ No _____

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

Roof Update _____ Electrical Update _____ Plumbing update _____ HVAC Update _____

General Liability Limited Requested: \$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.

 <p>HARFORD MUTUAL</p> <p>Phone (410) 838-4000 Fax (410) 838-8675</p>	CONTRACTOR SURVEY - CPP/BOP		POLICY #		
	Named Insured:				
	Type of Contractor:				
	Description of Work Performed:				
Website Address:		Years in Business:			
Phone No.:		Phone No.:			
Prior Experience if less than 3 yrs:					
Contractors License #:		License Holder <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Employee <input type="checkbox"/> Other:			
What states do you work in? <input type="checkbox"/> DE <input type="checkbox"/> DC <input type="checkbox"/> MD <input type="checkbox"/> NC <input type="checkbox"/> NJ <input type="checkbox"/> PA <input type="checkbox"/> TN <input type="checkbox"/> VA <input type="checkbox"/> Other:					
Work Performed: % Residential % Multi Residential % Commercial % Industrial % Other:					
If multi residential work performed, check all that apply: <input type="checkbox"/> Apartments <input type="checkbox"/> Condominiums <input type="checkbox"/> Townhomes <input type="checkbox"/> 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 <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual Labor <input type="checkbox"/> Maximum at any one jobsite <input type="checkbox"/>					
SUBCONTRACTORS: Minimum GL Limits		occurrence aggregate			
Estimated cost of subcontractors this year		Actual cost of subcontractors last year			
List types of subcontractors used:					
Are certificates of insurance provided for all subcontractors used?			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?			yes no		
INSURANCE:					
Are all of your operations currently insured?			yes no		
If yes, Name of Insurance Carrier:					
Do you have a current Environmental Impairment Liability Policy?			yes no		
If yes, Name of Insurance Carrier:					
List all losses within the last 3 years whether insured or not:					
EQUIPMENT:					
Is your contractors equipment loaned or rented to others?			yes no		
Are employees loaned to others with contractors equipment?			yes no		
Do you lease, rent or borrow any equipment from others?			yes no		
Do you lease, rent or borrow equipment from others with operators?			yes no		
Is all equipment stored in a locked building or a fenced area?			yes no		
* INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS:					
Airport construction maintenance or repair work?	yes	no	Liquefied Petroleum Gas (LPG) work?	yes	no
Asbestos testing, monitoring or removal?	yes	no	Mold testing or remediation?	yes	no
Boiler installation, servicing, maintenance or repair?	yes	no	Oil or gas refinery work?	yes	no
Cranes used or rented in your business?	yes	no	Overhead power lines or pole hookups?	yes	no
Demolition, blasting or wrecking work?	yes	no	Pesticide, herbicide application, spraying?	yes	no
Electrical control panel work?	yes	no	Retaining walls or shoring operations?	yes	no
Electrical high voltage or high amperage work above 480 volts?	yes	no	Road, bridge, dam or tunnel work?	yes	no
Emergency back up equipment installation, service, maintenance or repair?	yes	no	Snow plowing or street cleaning?	yes	no
Exterior insulation finishing systems work (EIFS)?	yes	no	Sprinkler system installation, service, maintenance or repair?	yes	no
Excavation, grading or backfilling work?	yes	no	Swimming pool installation or service?	yes	no
Excavation, grading or backfilling work?	yes	no	Traffic or railroad signal work?	yes	no
Exterior spray painting or tower/bridge painting?	yes	no	Underground digging or trenching work?	yes	no
Fire or burglar alarm work?	yes	no	Underground tank work, removal, or repair?	yes	no
Fireproofing?	yes	no	Underground water lines or mains?	yes	no
Gutting of interior load bearing walls?	yes	no	Work performed over two stories?	yes	no
Hazardous material abatement or transporting?	yes	no	Work at chemical, nuclear, power plants, hospitals or landfills?	yes	no
Heated roofing applications?	yes	no	Work in explosive environments?		
Indoor air quality control or testing?	yes	no	Lead Paint testing or abatement?	yes	no
Lead Paint testing or abatement?	yes	no	(paint, chemicals, fumes, solvents etc)	yes	no
* EXPLAIN ALL "YES" ANSWERS:					

HARFORD MUTUAL	CONTRACTOR SURVEY (Continued)
DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES. INCLUDE JOB NAME, STATE, WORK DESCRIPTION & 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	
Are all vehicles titled in the business name shown on the policy?	yes no
If there are names listed on the titles that are not shown as a named insured on the policy, please list them here:	
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?	yes no If yes, explain
Are vehicles used for towing?	yes no If yes, explain
Any vehicles equipped with buckets or lifts?	yes no If yes, explain
Any vehicles equipped with booms or cranes?	yes no If yes, explain
Are hazardous materials transported in autos?	yes no If yes, explain
Is there a vehicle maintenance program?	yes no
Signature of Contractor _____ Date: _____	
CONTRACTOR SURVEY - WORKERS COMPENSATION	POLICY #
Named Insured:	
EMPLOYEES AND SUBCONTRACTORS	
Total number of employees:	Maximum number of employees at any one jobsite:
Total number of family members that work in your business:	
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 they have Workers Compensation coverage?	yes no
LOSS PREVENTION & CONTROL	
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?	yes no
What is the maximum height of your work involving scaffolding?	Feet
Are forklifts used by your employees?	yes no
Are the employees trained to properly use the forklifts?	yes no



Contractor Supplement

Artisan [] Homebuilder [] % Residential _____ % Commercial _____

***** IMPORTANT! FORM MUST BE COMPLETED IN FULL! *****

Applicant _____ Policy/Quote # _____ Eff Date _____

Type of Business _____ Applicant's Cell/Mobile # _____

Contractor License #'s _____ Website Address _____

Has the owner or manager ever been insured or quoted on a BMIC policy? Yes [] No [] If so, policy number(s) _____

Does the applicant offer a homeowner home warranty program? Yes [] No [] If so, which program? _____

Years in Business _____ Years Experience _____ # of Employees _____

Previous FEINs, DBAs, and AKAs _____

Are loss runs attached? Yes [] No [] *** Note *** Please attach a copy.

Payroll Past Year: Employees _____ Payroll Past Year: Uninsured Subs _____

What type of uninsured subs does the applicant use? _____

Are written subcontractor agreements used? Yes [] No [] Details (Attach agreement if available.) _____

Gross Receipts Past Year \$ _____ Total Cost of Subcontracted Work Past Year for Insured Subs \$ _____

Do all subcontractors have liability insurance in force with limits equal to or greater than the applicant's? Yes [] No [] Details _____

Are insured subcontractors allowed to work without providing the applicant with a certificate of insurance? Yes [] No [] Details _____

Does applicant work in any of the following categories: boiler, asbestos, lead paint, demolition, wrecking, blasting, crane? Yes [] No [] Details _____

Any roofing done by the applicant? Yes [] No [] % & Details _____

Any roofing done by any uninsured subs? Yes [] No [] % & Details _____

Is BMIC's required fall protection used? Yes [] No [] Has this been verified? Yes [] No []

Are harnesses utilized? Yes [] No [] Does the applicant have a written Fall Protection plan in place? Yes [] No []

Any remodeling work? Yes [] No [] % & Details _____

Any application of liquid vinyl siding or similar product? Yes [] No [] Details _____

Any removal of load-bearing walls? Yes [] No [] Details _____

Any pollution liability exposures? Yes [] No [] Details _____

Is risk within the agent's binding authority? Yes [] No [] If not, BMIC approval for binding was given by: _____

Is money attached? Yes [] No [] Amount \$ _____

Is the applicant an IIBA member? Yes [] No [] Chapter Name _____ Membership # _____

Number of homes built annually _____ Dollar range of cost of homes \$ _____

Additional Comments []

Applicant Signature _____

Agent Signature _____

Date _____

Date _____