

# 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) \_\_\_\_\_ Total Owners Payroll: \_\_\_\_\_

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><b>HARFORD MUTUAL</b></p> <p>Phone (410) 838-4000 Fax (410) 838-8675</p>	<b>CONTRACTOR SURVEY - CPP/BOP</b>		<b>POLICY #</b>		
	<b>Named Insured:</b>				
	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 <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"/>					
<b>SUBCONTRACTORS:</b> 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		
<b>INSURANCE:</b>					
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:					
<b>EQUIPMENT:</b>					
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		
<b>* INDICATE IF ANY OF THESE EXPOSURES EXIST IN PAST, PRESENT AND/OR ANTICIPATED IN FUTURE OPERATIONS:</b>					
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
Exterior spray painting or tower/bridge painting?	yes	no	Traffic or railroad signal work?	yes	no
Fire or burglar alarm work?	yes	no	Underground digging or trenching work?	yes	no
Fireproofing?	yes	no	Underground tank work, removal, or repair?	yes	no
Gutting of interior load bearing walls?	yes	no	Underground water lines or mains?	yes	no
Hazardous material abatement or transporting?	yes	no	Work performed over two stories?	yes	no
Heated roofing applications?	yes	no	Work at chemical, nuclear, power plants, hospitals or landfills?	yes	no
Indoor air quality control or testing?	yes	no	Work in explosive environments?		
Lead Paint testing or abatement?	yes	no	(paint, chemicals, fumes, solvents etc)	yes	no
<b>* EXPLAIN ALL "YES" ANSWERS:</b>					

<b>HARFORD MUTUAL</b>	<b>CONTRACTOR SURVEY (Continued)</b>
<b>DESCRIBE THE LAST 5 JOBS PERFORMED BY YOU OR YOUR EMPLOYEES. INCLUDE JOB NAME, STATE, WORK DESCRIPTION &amp; DURATION.</b>	
1	
2	
3	
4	
5	
<b>CONTRACTOR SURVEY - AUTO</b>	<b>POLICY #</b>
<b>Named Insured:</b>	
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: _____	
<b>CONTRACTOR SURVEY - WORKERS COMPENSATION</b>	<b>POLICY #</b>
<b>Named Insured:</b>	
<b>EMPLOYEES AND SUBCONTRACTORS</b>	
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
<b>LOSS PREVENTION &amp; CONTROL</b>	
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	
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Applicant Signature \_\_\_\_\_ Agent Signature \_\_\_\_\_  
 Date \_\_\_\_\_ Date \_\_\_\_\_