

ARTISAN CONTRACTOR QUOTE SHEET

Agency Name _____

Named Insured: _____

Address: _____

City: _____ St: _____ Zip: _____ FEIN# _____

Phone# _____ Contact Name: _____

Description of Clients operations _____

Type Business: Sole Prop: _____ Partnership: _____ LLC: _____ Corp: _____

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: _____ Const: Frame: _____ Joisted Masonry: _____ Metal: _____ Mas NC: _____

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 _____

General Liability Limit: \$500,000 _____ \$1,000,000 _____

Fulltime 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

FEDERAL FIDELITY NATIONAL GROUPS

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 #: _____

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 i
 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

- Yes No Airport construction maintenance or repair work? Yes No Lead paint abatement?
 Yes No Asbestos testing, monitoring or removal? Yes No Liquefied Petroleum Gas (LPG) work?
 Yes No Boiler installation, servicing, maintenance or repair? Yes No Mold testing or remediation?
 Yes No Cranes used or rented in your business? Yes No Oil or gas refinery work?
 Yes No Demolition, blasting, wrecking or structure lifting/raising work? Yes No Overhead power lines or pole hookups?
 Yes No Electrical control panel work? Yes No Pesticide, herbicide application, spraying?
 Yes No High voltage/amperage work above 480 volts? Yes No Retaining walls or shoring operations?
 Yes No Emergency backup equip. install/service/repair? Yes No Road, bridge, dam or tunnel work?
 Yes No Exterior insulation finishing systems work (EIFS)? Yes No Snow plowing or street cleaning?
 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 Fire sprinkler installation/service/repair? 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
 Yes 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 & 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 autcs? *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 & 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?

QU007 () Signature of Contractor:

Date:

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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 Ws _____ Website address _____
 States of operation _____ # of employees _____
 Years experience _____ Gross receipts past year\$ _____
 Years In business (far 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)
- Usescaffolding **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 Interkir wo,kJ **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/trafficsignals
- 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, Additional risk management resources can be found at buildersmutual.com/RM,

ADDITIONAL COMMENTS

Applicant signature _____ Date _____