



Dallas
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ARTISAN CONTRACTORS APPLICATION

Applicant's Name and Mailing Address: _____ Agent: _____
 (if more than one entity attach separate sheet with description of each entity's operations, relationship to each other and ownership.)

 _____ Inspection / Audit Contact: _____

Location Address: _____ Inspection / Audit Phone: _____
 (if more than one location attach separate sheet)

_____ Web Address: _____

Proposed Policy Period: From _____ to _____

Insured is: Individual Partnership Corporation Joint Venture Other _____

GENERAL INFORMATION:

Number of years in business _____

If new business or less than 3 years experience describe prior experience in this field: _____

Are you licensed? Yes No Your contractors' license number: _____ Types of Licenses held _____

GENERAL LIABILITY INFORMATION:

Applicant is (Percentage of Each)

General Contractor _____ % Real Estate Developer _____ % Subcontractor _____ %

Type of Work Performed (Percentage of Each):

New Construction _____ % Remodeling/Additions _____ % Repair/Service Work _____ %

Roofing _____ % Type of Roofing? _____

Owner/Partner Payroll _____ Subcontractor Cost _____ Uninsured Subcontractor Payroll _____

Number of Employees _____ Employee Payroll _____ Leased Employees Payroll _____

Total Sales _____

Provide a complete description of all work performed _____

What type of work is subcontracted?

Type	%	Type	%	Type	%

Explain all "Yes" responses

Yes No

- Are certificates of insurance obtained prior to subcontractors starting work?
 If no, rate as primary class of work subcontractor is performing.
- Are you named as additional insured on the subcontractor's policy?
 It is preferred that you be named as an additional insured.
- Do you carry workers compensation insurance?
- Do you have Mobile Equipment that travels over public roads?
- Do you lease mobile equipment from others?
 If yes, are certificates of insurance required when leased with operator?
 Describe the type or equipment leased: _____
- Do you perform any out of state work?
 If yes, in what states and provide details of work performed: _____
 Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA?
- What is the maximum height you will perform work? _____ (# of stories)
- Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)?
 Have you operated under any other name(s)?
 If yes, list name, address, years in operation and exposures _____
- Are you involved in any operations outside of the construction industry?
 Describe: _____
- Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims?
 Describe: _____
- Do you lease employees to or from other employers?
- Do you have a labor interchange with any other business or subsidiaries?
- Any structural alterations contemplated?

List five (5) of your largest jobs in the last five (5) years:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

LIMITS – GENERAL LIABILITY (OCCURENCE FORM):

- General Aggregate \$ _____
- Products & Completed Operations Aggregate \$ _____
- Personal & Advertising Injury \$ _____
- Each Occurrence \$ _____
- Damage to Premises Rented to You \$ _____
- Medical Expense (any one person) \$ _____

