

Service Insurance Company

Artisan General Liability Application

Incomplete applications are subject to rejection of coverage and/or risk. Do not leave any questions blank or unanswered

Insured Name:		Producer:	
D/B/A:		Effective Dates: 12:01 AM	
Mail Address:		From: _____ To: _____	
City:	State:	Type: Individual _____ Corporation _____	
Zip:	County:	Partnership _____ Joint Venture _____	
Ph.#: () -	Inspection Contact:	Producer E-Mail:	
Business address(es):			
Number of Owners:			
Year Bus Started:	# Years Experience:	Producer Ph.#: () -	
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		__ # Full-time employees (not temp or leased) payroll =	
		__ # Part-time, temp or leased employees payroll =	
100,000 Fire Damage limit 10,000 Medical Payments		__ # Seasonal employees payroll =	
		Total Risk Payroll =	
% of your work is: _____ % Industrial _____ % Residential _____ % Commercial			
_____ % Remodeling _____ % New Construction _____ % Repair and Service _____ % Room Additions			
Type of License:		Current License Number:	
What operations do you perform?			
Do you perform under written contract? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you subcontract any work? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, enter type of work <u>subcontracted</u> and cost* above.	
Types of work subcontracted:			
Do you require certificates for General Liability equal to or greater than your own? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you require certificates for Workers Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Types of jobs performed in the last 12 months:			
Past and anticipated projects detail:		Payroll	Gross Receipts
Prior 24 Months:		Subcontracted Costs	
Next 12 Months:			
Any policy or coverage declined, canceled or non-renewed in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any Losses in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list all losses below			
Do you have any knowledge of an occurrence that could result in a claim? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prior Carrier / Loss History:			
Date	Carrier	Premium	Losses

Answer the following questions. Do you or have you ever performed any of the following work:		
Excavation, Tunneling, Digging more than 3 feet deep <input type="checkbox"/> Yes <input type="checkbox"/> No	Prefab steel construction <input type="checkbox"/> Yes <input type="checkbox"/> No	Exposure to Radioactive or Nuclear Material <input type="checkbox"/> Yes <input type="checkbox"/> No
Blasting, demolition or any explosive materials used <input type="checkbox"/> Yes <input type="checkbox"/> No	Act as a General Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Herbicides or Pesticides Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Tree or Limb Removal <input type="checkbox"/> Yes <input type="checkbox"/> No	Any oil, gas or related work <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been named in a construction defect suit <input type="checkbox"/> Yes <input type="checkbox"/> No
Waste Removal-Non Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No Waste Removal-Hazardous <input type="checkbox"/> Yes <input type="checkbox"/> No	Any aircraft, railroad, watercraft, auto, airport <input type="checkbox"/> Yes <input type="checkbox"/> No	Does applicant draw plans, designs or specifications <input type="checkbox"/> Yes <input type="checkbox"/> No
Asbestos Abatement <input type="checkbox"/> Yes <input type="checkbox"/> No	Any bridges, dams or sewer construction work <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Cell Phone, Water, Gas, Oil Tank, or Tower Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Rent, Lease or Repair Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Exterior work over 3 stories <input type="checkbox"/> Yes <input type="checkbox"/> No	Waxing Floors in Commercial buildings or stores <input type="checkbox"/> Yes <input type="checkbox"/> No
Chemical Spraying / Fumigating <input type="checkbox"/> Yes <input type="checkbox"/> No	Bankruptcy, tax lien against last 5 years <input type="checkbox"/> Yes <input type="checkbox"/> No	Underpinning/Foundation Repair <input type="checkbox"/> Yes <input type="checkbox"/> No
Any out-of-state Operations <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Extinguisher, Alarm Systems, etc. <input type="checkbox"/> Yes <input type="checkbox"/> No	Operation sold, discontinued or aquired last 3 years <input type="checkbox"/> Yes <input type="checkbox"/> No
Ops. involving discharge of fumes, acids or waste <input type="checkbox"/> Yes <input type="checkbox"/> No	Elevators, Escalators, Boilers, Marine <input type="checkbox"/> Yes <input type="checkbox"/> No	Coal, Wood, Waste or Oil Burning Stoves <input type="checkbox"/> Yes <input type="checkbox"/> No
Work involving medical and/or industrial equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	Fiber Optic Cable Work <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work with LPG <input type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Home or related work <input type="checkbox"/> Yes <input type="checkbox"/> No	Mold / Fungus / any remediation work <input type="checkbox"/> Yes <input type="checkbox"/> No	Any Roofing or Roof Related Work <input type="checkbox"/> Yes <input type="checkbox"/> No
Operated as an inspection or appraisal company <input type="checkbox"/> Yes <input type="checkbox"/> No	EIFS Related work <input type="checkbox"/> Yes <input type="checkbox"/> No	Any work with cranes of any height, owned or leased <input type="checkbox"/> Yes <input type="checkbox"/> No
Any new building construction operations performed on single-family units including residential condominiums, multi-unit homes, tract housing, subdivisions, townhouses, or apartment buildings within subdivisions or projects where there are five (5) or more total units? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Any ground up construction custom home work? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, maximum of homes per project: _____		
Explain all Yes answers from above:		
Do you desire to purchase coverage for certified acts of terrorism? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Name and Address of Additional Insureds		
1.	2.	3.
SUBMIT completed and signed application for approval		
<p>This application does not bind the applicant nor the company to complete the insurance, but it is agreed that the information contained herein ARE MATERIAL REPRESENTATIONS BY THE APPLICANT, and shall be the basis of the contract should a policy be issued.</p> <p style="text-align: center;">FRAUD WARNING</p> <p>ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE, OR MISLEADING INFORMATION IS GUILTY OF A FELONY OF THE THIRD DEGREE.</p> <p>It is understood that the Brokering Agent is submitting this application to the insurer on my behalf and is acting as my agent and is not an agent of the insurer. Therefore, the insurer and or its appointed representative is not bound by any representation made by the Brokering Agent unless acknowledged by the insurer or its representative.</p> <p>NOTICE OF INSURANCE INFORMATION PRACTICES- PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT POLICY RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US.</p>		
_____ Applicant Signature		_____ Date
_____ Licensed Agent / Producer Signature	_____ Date	_____ License #

Braishfield Associates



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