

NORTH SEA INSURANCE COMPANY®

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ARTISAN CONTRACTORS APPLICATION

Applicant's

Name: _____
Mailing Address: _____

Broker: _____
Address: _____

Location: _____

Phone #: _____

PROPOSED POLICY TERM: 12:01 AM

From _____ to _____

Applicant is: Individual ____ Partnership ____ Corporation ____ Other (describe) _____

Property Coverage requested:
 Building Limit \$ _____
 Personal Property Limit \$ _____
 Cause of Loss: Basic ____ Broad ____
 Special ____ Special excluding Theft ____
 Co-ins _____% Deductible \$ _____
 Valuation: ACV ____ or RC ____
 Business Income \$ _____
 co-ins _____% or monthly limit _____%

Liability Coverage requested:
 General Aggregate \$ _____
 Products-Completed Operations Aggregate \$ _____
 Personal and Advertising Injury \$ _____
 Each Occurrence \$ _____
 Damage to Rented Premises (Fire Legal) \$ _____
 Medical Expense Per Person \$ _____
 Deductible BI \$ _____ PD \$ _____ (\$1000 Min PD)

Describe all operations in detail:

Indicate percentage(%) of your business for each type of construction in items 1-3:

1. New construction ____%	Remodeling ____%	Demolition ____%	Repair ____%	Other ____%
2. Commercial ____%	Industrial ____%	Residential ____%	Institutional ____%	Other ____%
3. Inside bldgs ____%	Outside bldgs ____%			

Indicate percentage of work performed by your employees for each class shown:

air conditioning & heating ____%	fence erection ____%	painting (exterior) ____%
alarm install or monitor ____%	fiberglass insulation ____%	painting (interior) ____%
appliance install/service ____%	floor coverings-carpet/tile ____%	plaster/spackle (interior) ____%
auto glass / detailing ____%	floor waxing ____%	plumbing ____%
awning install/repair ____%	furniture repair ____%	pointing/tuck pointing ____%
cabinet install or repair ____%	garage door install/repair ____%	roofing ____%
carpentry ____%	glazier ____%	siding ____%
carpet/upholstery cleaner ____%	home sound systems ____%	snow/ice removal ____%
ceiling/wall install (metal) ____%	house furnishings install ____%	stone cutting & install ____%
cleaning service ____%	interior decorator ____%	stucco (exterior) ____%
concrete construction ____%	interior demolition ____%	telephone systems install/repair ____%
concrete flatwork only ____%	landscaper ____%	tree cutting, spray or removal ____%
deck install or repair ____%	lawn care services ____%	wallpapering ____%
door/window install ____%	locksmith ____%	washer/dryer install (residential) ____%
driveway/parking area/ ____%	marble/tile/stone - interior ____%	waterproofing ____%
sidewalk paving ____%	masonry (brick laying) ____%	window cleaning ____%
drywall ____%	musical instrument repair ____%	window treatments ____%
electric work ____%	ofc furniture/fixtures install ____%	other (describe) ____%

Rating information: (Excluding clerical staff)

of owners/partner/officer _____ owner/partner/officer payroll \$ _____ gross receipts \$ _____
of full time employees _____ # of part time employees _____ employee payroll \$ _____
cost of subcontractors \$ _____ Describe subcontractors work _____

General Information:

Length of time in business _____ Years experience in field _____ Are you licensed? ____yes ____no

States/Areas of Operations _____

List major projects completed in past three years, including all work in progress. _____

Is any work done involving (indicate yes or no)

_____ Medical &/or Life Support _____ Cranes _____ Flammables _____ Plumbing
_____ Alarms _____ Roofing _____ Chemicals _____ Snow/Ice Removal

Any work performed above two (2) stories in height from grade? _____ Are scaffolds used, owned or erected? _____

Any work performed below grade? _____ If yes, maximum depth _____

Do you have a formal safety program in operation? _____ If yes, describe _____

Any mobile equipment rented or leased? _____ If yes, describe _____

Any mobile equipment owned? _____ If yes, describe or attach a list _____

Do you hold other person's property for service, storage or repair? _____

Do you have Workers Compensation coverage in force? _____ Carrier/Policy #: _____

Description of owned/leased property:

Select construction type, if more than one applies indicate the percent (%) of each type of construction

frame _____ joisted masonry _____ non-combustible _____ masonry non-combustible _____ fire resistive _____

of stories _____ year built _____ other occupants: _____

Indicate year when upgraded: roof _____ electric _____ plumbing _____ other (specify) _____

Area of entire building _____ Area occupied(sq. ft.) _____

Distance to nearest fire hydrant? _____ feet. Distance to your fire department? _____ miles.

Is entire building protected by a sprinkler system? ____yes ____no If yes, date of last inspection _____

Premises protection (select one): _____ no alarm _____ local alarm _____ central station alarm _____

watchman/guard

Is your location an office only, with no storage of tools, equipment or stock? _____

Is your personal property stored in your home? _____

Inspection Contact: Name _____ Phone # _____

Mortgagee: list name and address

Additional Insured(s): list name, address ,interest, job description, location & payroll

Loss Information:

Has your insurance been canceled or non-renewed in the past three years? If yes, explain for what reason _____

Provide three year loss history

Previous Carrier policy period policy number premium \$ losses paid \$ losses open loss description

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Applicants signature date

Brokers signature date