



Mt. Hawley Insurance Company

ARTISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Applicants Instruction:

- Answer all questions. If the answer to any question is NONE, please state NONE.
Questionnaire must be signed and dated by owner, partner or officer.
PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Form with two columns: Applicant's Name and Mailing Address, and Producer Name and Address. Includes fields for Business Telephone, Contractor's License No., Class, Phone Number, and Fax Number.

Location of Premises (if different than Mailing:
Inspection Contact / Phone: Website Address:

Applicant is: Individual: Partnership Corporation Joint Venture

1. Fully describe all operations of the Applicant (ISO Class is insufficient.)

2. How long in business? (If new in business, attach resume or statement of qualifications.)

3. Does the Applicant purchase property for the purpose of renovation or resale? YES NO

4. What percentage of work performed is (must total 100%): Residential Commercial Industrial

5. What percentage of "RESIDENTIAL" work performed is (must total 100%): New Construction/Development Structural Remodeling/Addition on Existing Structures Non-Structural Remodel/Addition on Existing Structures

6. Has the Applicant ever been involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, townhomes, townhouses, or tract housing? YES NO

7. Has the Applicant ever performed work for developers or general contractors involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartments buildings, condominiums, townhomes, townhouses or tract housing? If "YES", please detail below. YES NO

Large empty rectangular box for providing details for question 7.

8. Does the Applicant plan to be involved in new construction or development of residential structures including, but not limited to, single family dwellings, apartment buildings, condominiums, townhomes, townhouses, or tract housing? If "YES", please detail below. YES NO

9. Does the applicant do or plan to do any work for or endorsed by condominium or homeowners' associations? If "YES", please detail below. YES NO

10. Do you now or have you ever done exterior stucco, plastering or exterior insulation finish systems (EFIS)? If "YES", please detail below. YES NO

11. Does the applicant act as a Construction Manager for individuals or other contractors? YES NO

12. (A) If Corporation, how many of active owners or officers: _____ (B) Number of employees _____

13. Projected Annual payroll (excluding Owners and Officers): \$ _____

14. (A) Projected Gross Receipts: \$ _____ (B) Amount of Subcontractor Costs \$ _____

15. Please advise gross annual receipts for the prior three years:

	19	\$	
	19	\$	
	19	\$	

16. Percent of work subcontracted to others: % _____ Please describe details of operations below:

17. Do you require and collect certificates from all subcontractors? YES NO

18. What limits of General Liability insurance do you require subcontractors to carry? _____

19. Do you require to be named as an additional insured on all certificates? YES NO

20. (A) Have you allowed or will you ever allow your Contractors License to be used by any other contractor? YES NO

(B) If "YES" did/will such use of your License by another contractor involve a project on which you yourself did/will NOT work? YES NO

If the answer to either (A) or (B) is "YES", please detail below

29. Does applicant have any knowledge of any pre-existing act, omission, events, condition or damages to any person or property that may potentially give rise to any future claim or legal action against the applicant. If "YES", please detail below:

YES NO

[Empty rectangular box for detailing pre-existing conditions]

APPLICANT'S STATEMENT

- 1. Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief AND
- 2. Applicant hereby acknowledges:
 - a. that this application including all statements, warranties and representations contained herein will be made a part of and incorporated into any policy issued based on same; and
 - b. that exclusions will apply to
 - i. new residential construction
 - ii. operations not disclosed
 - iii. known injury or damage

Signature of Applicant

Date

PRODUCER STATEMENTS

The undersigned Broker/Agent acknowledges that no coverage is afforded under this application until accepted by the Company and assumed full responsibility for any earned premium developed hereunder following acceptance by the Company.

Signature of Producer

Date