

CONTRACTOR APPLICATION

• Answer all questions. If the answer to any question is NONE, please state NONE

• This application must be signed and dated by owner, partner or officer.

• PLEASE CAREFULLY READ THE STATEMENTS AT THE BEGINNING AND THE END OF THIS APPLICATION

The Artisan Contractor Program is not intended, nor has it ever been the intent, for contractors that have ever been involved in the new construction of multi-unit residential buildings. This would include the construction of new housing developments/single family dwellings/homes in tracts, condominiums, apartments, townhouses and duplexes. Any contractor that has ever been involved in new multi-unit residential construction is ineligible for this program.

Producer:	Commodore Insurance Services, Inc. 2000 Powell Street, # 1005 Emeryville, CA 94608 E-mail: submissions@commodoreins.com	Phone: 510-899-6500 Fax: 510-899-6900 License: 0799348
Date:		

PROPOSED EFFECTIVE DATE: _____

PROPOSED EXPIRATION DATE: _____

NAME (First Named Insured and Other Named Insureds):

Doing Business As (DBA):

MAILING ADDRESS (of First Named Insured):

PHYSICAL ADDRESS (no P.O. Box allowed):

ENTITY: Individual Corporation Other: _____ Year(s) in Business: _____

 Partnership Joint Venture Years of Experience: _____

INSPECTION (Contact/Phone): _____ RADIUS OF OPERATIONS: _____ Miles

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS:

PREVIOUS INSURER (Indicate Premium & Losses of Past 3 Years):
Please note: If there are any losses, please provide 3 years of currently valued loss runs.

Year	Company	Policy #	Premium	# Claims	Pd Losses	Res Losses	Description
20__							
20__							
20__							

LARGE LOSSES (Losses Over \$10,000): Please show amount and describe the loss.

Please mark if None:

SUITS UNDER BREACH OF WARRANTY (Claims or suits brought against you as result of any claimed defects by you or anyone acting on your behalf)?

Yes No (If Yes, explain):

HAVE YOU, YOUR COMPANY OR A PREDECESSOR COMPANY EVER BEEN NAMED IN A CLASS ACTION SUIT?

Yes No (If Yes, explain):

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INDICATE LIMITS DESIRED		
<input type="checkbox"/> \$ 500,000 Each Occurrence <input type="checkbox"/> \$1,000,000 General Aggregate <input type="checkbox"/> \$ 500,000 Products-Completed Operations Agg. <input type="checkbox"/> \$ 500,000 Personal and Advert. Inj. <input type="checkbox"/> \$ 100,000 Fire Damage Limit <input type="checkbox"/> \$ 5,000 Medical Expense Limit	<input type="checkbox"/> \$1,000,000 Each Occurrence <input type="checkbox"/> \$1,000,000 General Aggregate <input type="checkbox"/> \$1,000,000 Products-Completed Operations Agg. <input type="checkbox"/> \$1,000,000 Personal and Advert. Inj. <input type="checkbox"/> \$100,000 Fire Damage Limit <input type="checkbox"/> \$ 5,000 Medical Expense Limit	<input type="checkbox"/> \$1,000,000 Each Occurrence <input type="checkbox"/> \$2,000,000 General Aggregate <input type="checkbox"/> \$1,000,000 Products-Completed Operations Agg. <input type="checkbox"/> \$1,000,000 Personal and Advert Inj. <input type="checkbox"/> \$ 100,000 Fire Damage Limit <input type="checkbox"/> \$ 5,000 Medical Expense Limit
Deductible: Per Occurrence Bodily Injury and Property Damage: \$2,000		
Schedule of Hazards:		
Classification(s):	Class Code(s):	# of active owners/partners: _____ (\$25,000 each) Employee payroll: \$ _____ (field only – Do Not Include Sales or Clerical)
ESTIMATED RECEIPTS: \$ _____		
Number of Employees: _____ F/T _____ P/T		

PLEASE NOTE: Your Premium is based on the number of owners, partners and your employee's payroll. Any discrepancies in these values may result in additional premium or cancellation of the policy.

Past Three (3) Years	Receipts	Payroll	Number of Employees
20__			
20__			
20__			

CLASSES OF CONTRACTORS LICENSE(S) INSURED HOLDS:
 License# _____ License# _____ License# _____

GENERAL INFORMATION (Explain all "Yes" responses below.)

Yes	No	Question
		1) Is applicant a subsidiary of another entity or does applicant have any subsidiaries?
		2) Do you have operations other than contracting ?
		2b) Are these operations to be covered by this insurance ? If yes, please provide details: below.
		3) During the past five (5) years, has any insurer ever canceled or non-renewed similar insurance to any applicant or has your insurance been canceled for non-payment of premium by any insurance or finance company ?
		4) Has applicant ever been involved in another business venture?
		5) Does applicant sponsor any sporting or social event(s)?
		6) Does applicant own any (check appropriate boxes): <div style="display: flex; justify-content: space-around; font-size: small;"> Real Property Mobile Home Land for Speculation Other </div>
		7) Does applicant have a Safety Program in place?
		8) Has applicant ever been denied a performance bond?
		9) Has a claim ever been filed with applicant's bonding company on a performance bond for applicant?
		10) What is your worker's compensation rate modification? (please explain if above 1.0)
		11) Will you be using leased employees in the next 12 months? If yes, how many? ___ F/T ___ P/T How often have you or are you using leased employees? _____

GENERAL INFORMATION – Explanation of "Yes" Responses:

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INDICATE TYPE OF CONSTRUCTION WORK PERFORMED DIRECTLY BY INSURED:					
Note: "Work Performed" table below should equal 100%					
Carpentry	%	Maintenance	%	Sewer	%
Concrete	%	Masonry	%	Siding	%
Drilling	%	Mechanical	%	Steel (ornamental)	%
Electrical	%	Painting	%	Steel (structural)	%
Excavating	%	Plastering	%	Street/Road	%
Framing	%	Plumbing	%	Supervisory Only	%
Gas Mains	%	Roofing	%	Tunneling	%
Insulation	%	Landscaping	%	Other (describe)	%
INDICATE % OF WORK PERFORMED IN: (each column must equal 100%)					
New Ground up Construction [*]	%	Commercial	%	Inside Building	%
Remodeling [†]	%	Industrial	%	Outside Building	%
Demolition	%	Residential	%	Other:	%
Service	%	Institutional	%		
Repair	%				
Column total must equal 100%		Column total must equal 100%		Column total must equal 100%	
UNDERWRITING INFORMATION (Explain all "Yes" responses below.)					
Yes	No				
		1) Any exposure to flammables, explosives, and/or chemicals?			
		2) Do you demolish more than 25% of a structure?			
		3) Any catastrophe exposure?			
		4) Do operations involve storing, treating, discharging, applying or transporting of hazardous materials?			
		5) Has applicant ever been involved in multiple unit structures (including condos, townhouses, and apartments)?			
		6) Has applicant ever acted as a general contractor or subcontractor on tract home subdivisions?			
		7) Does owner supervise daily jobs or operations directly?			
		8) Does applicant lease equipment from others?			
		9) Is machinery or equipment loaned, rented or leased or leased to others (___ with/ ___ without operator)?			
		10) Does applicant draw up plans, designs or specifications?			
		11) Does applicant perform work above two (2) stories?			
		12) Does applicant hold other people's property for service or repair?			
		13) Does applicant perform any work below grade (maximum depth = _____ feet)?			
		14) Does applicant always check with local utilities authority before digging?			
		15) Does applicant dig or grade next to existing foundations or other structures?			
		16) Does applicant do any tunneling or other underground work?			
		17) Does applicant do any spray painting? If Yes, explain precautions taken			
		18) Has the applicant done any roofing or any operations associated with roofing within the past three (3) years?			
		19) Has applicant performed other types of operations not associated with any aforementioned operations?			
		20) Does applicant repair swimming pools or install swimming pool accessories (diving boards, slides, etc.)?			
		21) Has the applicant ever worked on any of the following (check appropriate boxes):			
		Railroads	Septic Tanks	Bridges	Drainage Projects
		Right of Ways	Retaining Walls	Gas Lines	
		Irrigation Projects	Sewer Mains	Flood Control	
		22) Does Applicant have any LPG exposure? If Yes, provide % _____			
Explain all "Yes" Responses:					

* includes risks involved in construction of a home or building from ground up as a General or Artisan contractor.

† includes room additions.

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SUBCONTRACTOR EXPOSURE			
Cost of All Subcontractor Work: \$ _____			
List Subcontractor Trades Being Used and % of Each:			
1)	%	5)	%
2)	%	6)	%
3)	%	7)	%
4)	%	8)	%
1.	Does applicant require subcontractors to carry limits at least equal to applicant's insurance limits?	Yes	No
2.	Do you require that subcontractors name you as an additional insured on their General Liability insurance?	Yes	No
3.	Does applicant require all subcontractors to have Workers Compensation and Employers Liability Insurance?	Yes	No
4.	Does applicant require all subcontractors to provide you with certificates of insurance?	Yes	No
5.	If you are a general contractor or developer or employ subcontractors, are certificates of Worker's Compensation and General Liability Insurance, hold harmless agreements and signed contracts required of subcontractors prior to being allowed on your job site ?	Yes	No
6.	How many years are records of certificates of insurance and contractual agreements with subcontractors maintained by you ?	_____ years	
ADDITIONAL QUESTIONS			
1)	Describe the largest projects that you have performed during the past five years: (For new ventures describe the largest projects performed as an employee, name of employer and years employed).		
2)	Describe current projects or those scheduled to commence over the next twelve months: (Attach separate sheet if necessary)		
3)	Will you build any new homes or commercial buildings as a general contractor during this policy period? If yes, how many new homes or commercial buildings will you build in the next 12 months?	Yes	No
4)	What is the greatest number of new homes/commercial buildings you have built in one year? For new venture Homebuilders/Commercial Builders,-Greatest number of homes or commercial buildings built with previous employer: _____	_____	What year? _____
5)	If you build any new homes/commercial buildings, will you sub out the roofing and foundation work? If no, please explain:	Yes	No
6)	Indicate type of security used on your projects:	Fencing	Lighting Watchmen
7)	Have you been involved, or are you currently involved, or will you or your subcontractors be involved in any removal or abatement of asbestos, lead, PCB's or other hazardous materials? Yes No If yes, please explain:		
8)	Have you allowed, are you currently allowing, or will you ever allow your license to be used by any other contractor for a project on which you have not worked? Yes No If yes, please explain:		
8a)	Has any licensing authority taken any action against you?	Yes	No If yes, please explain:
9)	Have you built, are you currently building, or will you build on hillsides, terraces, landfills or subsidence areas? Yes No If yes, please explain and provide the maximum slope: _____ % of grade		
10)	Have you been involved, are you currently involved, or will you or any subcontractors be involved with blasting operations or		

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	hazardous or unusual work activity?	Yes	No	If yes, please explain:
11)	Has your work involved, does your work currently or will your work involve systems that provide medical and/or industrial support process piping?	Yes	No	If yes, please explain:
11a)	Removal or work on fuel tanks or pipelines?	Yes	No	If yes, please explain:
12)	Has any lawsuit ever been filed, or any claim otherwise been made against your company or any partnership or joint venture of which you have been a member or your company's predecessors in business, or against any person, company or entities on whose behalf your company has performed operations or assumed liability? For the purpose of this application only, a claim means a receipt of a demand for money, service or arbitration.			
	Yes	No	If yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet of necessary).	
13)	Have you worked, are you currently working, or will any of your employees work, under the U.S. Longshoremen's and Harbor Worker's Act or Jones Maritime Act?			
	Yes	No		
14)	Is your company aware of any occurrences, facts, circumstances, incidents, situations, damages or accidents (including but not limited to allegations of faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) at a location or project where your company has performed operations that a reasonably prudent person might expect to give rise to a claim or lawsuit whether valid or not which might directly or indirectly involve the company?			
	Yes	No	If yes, please explain including the name(s) of the person, company or entity and the name(s) and location(s) of the projects where such operations were performed: (attach separate sheet of necessary).	
15)	Does the applicant have any prior claims and any knowledge of potential claims from their operations prior to policy inception? If yes, explain:			
	Yes	No		

The Applicant acknowledges that he/she, and or his/her company, and any predecessor and or affiliated company has never been involved in the new construction of new multi-unit residential buildings. This would include housing developments/single family dwellings/homes in tracts, condominiums, apartments, town homes, and duplexes. The applicant acknowledges that he/she understands that this Contractors Program is not intended for contractors that have ever been involved in new multi-unit construction. Further, the applicant recognizes that this Policy will be endorsed to limit and or exclude losses arising from the construction of new multi-unit residential building. The Artisan Contractor program is not intended, nor has it ever been the intent, for contractors that have been involved in the new construction of multi-unit residential buildings.

The applicant understands and acknowledges that the policy contains certain endorsements that restrict and or limit coverage. Those endorsements include but are not limited to, Pending & Prior Litigation & Known Losses Exclusion, Continuing or Ongoing Losses Exclusion, Prior Works Exclusion, Sunset Clause, New Tract/Multi Unit Construction. The applicant acknowledges that these endorsements have been explained to his/her satisfaction.

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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WARRANTY: THE PURPOSE OF THIS APPLICATION IS TO ASSIST IN THE UNDERWRITING PROCESS. INFORMATION CONTAINED HEREIN IS SPECIFICALLY RELIED UPON IN DETERMINATION OF INSURABILITY. THE UNDERSIGNED, THEREFORE, WARRANTS THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF. THIS APPLICATION SHALL BE THE BASIS OF ANY INSURANCE THAT MAY BE ISSUED AND WILL BE A PART OF SUCH POLICY. IT IS UNDERSTOOD THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR IMMEDIATE CANCELLATION OF COVERAGE OR RESCISSION OF POLICY AND DENIAL OF CLAIMS, IF ANY. IT IS FURTHER UNDERSTOOD THAT THE APPLICANT AND OR/AFFILIATED COMPANY IS UNDER A CONTINUING OBLIGATION TO IMMEDIATELY NOTIFY THEIR UNDERWRITER THROUGH THEIR BROKER OF ANY MATERIAL ALTERATION OF THE INFORMATION GIVEN.

APPLICANTS SIGNATURE	DATE	PRODUCERS SIGNATURE	DATE
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