



Craft 12 / Contractor Application

Insured's Name, Address, City & State

Agent Name

Phone: _____ Inspection Phone: _____
 Policy Period From: _____ to _____

Agent Code: _____
 _____ Quote Only
 _____ Coverage Bound

Applicant is: _____

Federal ID#: _____ - _____

Social Security #: _____ - _____ - _____

Craft 12 Basic Property Coverages included are:	Optional Amount	Limit of Liability: Occurrence / Aggregate
Account Receivable	\$1,000 \$ _____	___ \$100,000 / \$300,000
Business Credit Care Forgery & Counterfeit Money	\$1,000 \$ _____	___ \$300,000 / \$1,000,000
Business Property While On Premises	\$1,000 \$ _____	___ \$500,000 / \$1,000,000
Business Property While Away From Premises	\$1,000 \$ _____	___ \$1,000,000 / \$2,000,000
Debris Removal	\$1,000 \$ _____	
Employee Dishonesty	\$1,000 \$ _____	Business GL - Extra (LS - 6)
Money & Securities	\$1,000 \$ _____	
Property Of Others Care, Custody & Control	\$1,000 \$ _____	Medical Payments
Tools & Equipment Off Premises	\$1,000*	\$1,000 / \$25,000 Included
Valuable Papers	\$1,000 \$ _____	___ \$1,000 / \$50,000 Optional

The above coverages of \$1,000 are included in the basic package. If more than the minimum is needed, please note total amount required in the Optional Amount column.

*** Tools & Equipment over \$1,000 must be scheduled on Inland Marine Forms.**

Location of Insured Premises (Information required even if only Basic Property Coverages are requested)

(Please include street address, city, state and zip code)

Location is used for: _____ If other, please describe: _____
 Construction: _____ Year of Construction: _____ Sq Ft: _____ Protection: _____
 Feet From Hydrant: _____ Miles From Fire Dept: _____ Fire District: _____
 Building Coverage Amount: \$ _____ Cause of Loss: _____ Loss Settlement: _____
 Business Property Amount: \$ _____ Cause of Loss: SF - 4 form included Loss Settlement: _____
 Deductible: _____

of Owners: _____ Names of Owners: _____ # of Employees: FT: _____ PT: _____
 Primary Liability Classification: _____ Code Number: _____
 Annual Payroll of Owners and/or Partner: \$ _____ Annual Payroll of Employees: \$ _____
 Annual Gross Receipts: \$ _____
 Secondary Liability Classification: _____ Code Number: _____
 Annual Payroll of Owners and/or Partner: \$ _____ Annual Payroll of Employees: \$ _____
 Annual Gross Receipts: \$ _____

Mortgagee Information (List name, address, city, state & zip code)

- 1. _____
- 2. _____

Additional Insured Information (List name, address, city, state & zip code)

- 1. _____
- 2. _____

Interest: _____ Interest: _____

Loss Payee Information (List name, address, city, state & zip code)

- 1. _____
- 2. _____

BILLING INFORMATION - MINIMUM DEPOSIT OF \$250 REQUIRED

___ Bill Insured ___ Bill Mortgagee Amount of Deposit: \$ _____

OPERATION INFORMATION

Primary nature of applicant's operations? _____

Is the applicant involved in any other type of operations? Yes No Is yes, explain: _____

Length of time the applicant has been in business: _____ Length of time in this trade: _____

Does insured have a business card? Yes No If so, please attach a copy.

Does insured have a website? Yes No If so, please provide the address: _____

Does insured have a business certificate? Yes No If so, please attach a copy.

Does the applicant do any design work? Yes No If yes, describe: _____

Type work performed (give a percentage of overall receipts)

Commercial: _____% Residential: _____% Industrial: _____%

New Construction: _____% Renovation: _____% Service: _____% Repair: _____%

Does insured lease any equipment? Yes No

If yes, describe type & use: _____

Give % of work performed **outside** of New York State: _____% Where performed? _____

Describe types of jobs contractor has recently completed in the last 6 months:

Does the applicant hire subcontractors? Yes No

Does the applicant require certificates? Yes No

Does insured sign or require hold harmless agreements when working with subs? Yes No Is so, attach a copy

If yes, what percentage of overall work is subcontracted? _____%

Type of subcontracted work? _____

Is the insured working as a subcontractor himself? Yes No

LOSS PREVENTION INFORMATION

Please check each item used as standard practice on every job site for protection of public safety and property:

___ Barricades around work site ___ Warning Signs ___ Fire Extinguishers

___ Plastic sheathing & tarpaulins (in event of bad weather)

Are all jobs inspected by a foreman or the contractor at completion of job and before leaving job site? Yes No

Please check all of the following equipment you may use in your operations:

___ Scaffolding ___ Cranes ___ Hoists ___ Fork Lifts

LOSSES - ATTACH LOSS RUNS

Previous carrier: _____ If none, why? _____

Has any company cancelled, non-renewed or refused insurance (including non-payment of premium) for this applicant? Yes No

If yes, why? _____

Any previous loss of insured? Yes No

If yes, give complete details: _____

Completion Of All Questions Is Required To Process Application

SUPPLEMENTAL CLASSIFICATION INFORMATION

CARPENTRY

Does insured build homes? Yes No How many a year? _____

DEMOLITION

Any demolition work? Yes No Details: _____

HEATING

Any heating work? Yes No Forced hot air ____% Woodstoves: ____% Baseboard ____%
Outdoor Heat ____% Other ____% Please list: _____

JANITORIAL

Does the applicant do any floor waxing? Yes No What is the percentage? ____%

If Commerical, describe risk(s): _____

LANDSCAPING

Is there any residential tree removal? Yes No Details: _____

Is there any residential tree trimming? Yes No Details: _____

Does applicant use pesticides? Yes No

LOGGER

Is there any residential tree removal? Yes No Details: _____

Is there any residential tree trimming? Yes No Details: _____

MASON

Any chimney sweeping operations? Yes No

Any chimney liner repair or installation? Yes No ____% Repair ____% Inst.

PAINTING

Type of painting operations: ___ Interior ___ Exterior ___ Both Residential ____% Commercial ____%

For exterior painting exposures, what is the maximum number of stories of buildings worked on? _____

Any use of spray painting equipment for exterior application? Yes No If yes, what is the percentage? ____%

POWER WASHING

Will the insured power wash roofs? ~~Yes~~ No

If so, please provide the percentage of work. ____%

ROOFING

Does the insured do **ANY** roofing? Yes No What % of roofing to overall work performed? ____%

____% Commercial ____% Residential ____% New Construction Roofing ____% Re-Roofing

Indicate the type of roofing performed:

Asphalt Shingles / Slate: ____% Metal / Aluminum: ____% Hot Composition: ____%

Polyurethane: ____% Other: ____% ~~Other~~ _____

IMPORTANT: Should the insured wish to have the LS-78 Exclusion of Certain Roofing Operations added to this policy, please complete the Roofing Operations Disclaimer form below. WHILE THIS FORM CAN BE EMAILED ALONG WITH THIS APPLICATION, A SIGNED COPY MUST BE SCANNED AND EMAILED OR PHYSICALLY MAILED.

SUPPLEMENTAL CLASSIFICATION INFORMATION

SNOWPLOWING

Does insured perform any snowplowing, salting, sanding and/or snow/ice removal for others? Yes No

If yes, provide the following: # of Residential driveways: _____ # of commercial lots: _____
of commercial spaces: _____

Describe the type of business, lot size and addresses of all commercial snowplowing jobs.

Describe the type of equipment used (i.e. pick-up, mobile equipment, shovel, snowblower, etc.)

WELDING

What types of jobs does the insured do: _____

Any autos, bridges, etc? Yes No

Optional Property Coverages:

- Computer Coverage (MR - 61A) \$ _____ (Complete Inland Marine Supplement)
- Contractors Equipment Floater (MR - 72) \$ _____ (Complete Inland Marine Supplement)
- Installation Floater (MR - 52)-including Theft \$ _____ (Complete Inland Marine Supplement)
- Tools & Equipment Floater (DMIC MR - 79) \$ _____ (provide detailed list of equip. over \$1000 in value)

(All Inland Marine Forms above provide broadest coverage available)

Where is equipment stored when not in use? _____

Is equipment taken out of state? Yes No If yes, where? _____

Optional Liability Coverages:

- Fire Legal Liability (LS - 48)\$ _____ (\$50,000 included in LS-6)
- Underground Coverage (LS - 26)? Yes No (Coverage added automatically unless marked no)
- Collapse Coverage (LS - 26)? Yes No
- Explosion Coverage (LS - 26)? Yes No

REMARKS

For questions regarding this application, please contact Agency Service Representative:

Name: _____ Phone: _____ Ext: _____

Email Address: _____

FAIR CREDIT REPORTING ACT NOTICE

A Consumer Report may be requested by the insurer to which the application is assigned. Subsequent consumer reports may be requested in connection with an update or renewal or extension of the insurance for which this application is made. The applicant, upon request, will be informed whether or not a consumer report was requested and if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report. The undersigned hereby applies for Insurance Coverage as set forth in the application and the various attached underwriting schedules and affirms that the statements and representations made herein are to the best of his or her knowledge true.

INSURANCE FRAUD WARNING NOTICE

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 any 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.

Agent: _____ Date: _____ Applicant: _____

FOR OFFICE USE ONLY

- RATING SYSTEM CHECK: NAME/LOCATION/REFUSED INSPECT
- IMAGERIGHT SEARCH WAIVE INSPECTION
- WEB SEARCH Underwriting Approval: _____



Dryden Mutual Insurance Company

P.O. Box 635
Dryden, New York 13053-0635
607-844-8106 / 800-724-0560
607-257-0312 (fax)

Roofing Operations Disclaimer

I, _____, do not engage or intend to engage in active roofing operations that include the following:

- 1) Tear-offs and replacement of existing roofs
- 2) Re-roofing (adding a new layer of roofing materials over an old layer)
- 3) Repairs to existing roofs

I have reviewed the LS-78 Exclusion of Certain Roofing Operations Form (see page 2) with my agent and wish to have this form added to my policy. I understand coverage for the noted roofing operations will be excluded.

Date: _____

Agent: _____

Insured: _____

(This must be signed by the sign by the insured. It can then be scanned & emailed or physically mailed.)

This exclusion will stay in effect on this and any future policies with Dryden Mutual until my agent notifies the company that the exclusion is no longer acceptable to me, the appropriate roofing charge is made on the policy and the premium is paid to the company accordingly.





EXCLUSION OF CERTAIN ROOFING OPERATIONS

Refer to Supplemental Declarations if information is not shown on this form.

The exclusion under this endorsement is subject to the *terms* contained in the Liability coverage.

WHAT WE DO NOT PAY FOR

The following exclusion is added to the EXCLUSIONS shown in the Liability coverage:

Insurance provided by Coverage L and Coverage N does not apply to *bodily injury* and/or *property damage* or *products/completed operations* liability arising out of *your work* which involves the removal and/or replacement of roof materials.



Dryden Mutual Insurance Company

P.O. Box 635
Dryden, New York 13053-0635
607-844-8106 • 800-724-0560
607-257-0312 (fax)

Credit Card Authorization Form

Please complete **ALL** of the following information for any new business application.

Visa MasterCard *These are the only cards accepted.*

Credit Card #

Expiration Date mm/yy Amount: _____

Billing Information as listed on the Credit Card

First Name: _____ Last Name: _____ Middle Initial: _____

Business Name: _____

Address: _____ City: _____ State/Province: _____

Zip Code: _____ Phone: _____

Authorization Signature: _____ Date: _____

New Business

Existing Policy

Policy #: _____

Named Insured: _____

Agency Name: _____

