



Craft 12 / Contractor Application

Insured's Name, Address, City & State

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

Agent Name

Agent Code: _____
 _____ Quote Only
 _____ Coverage Bound

Applicant is: ___ Individual ___ Partnership ___ Corporation
 ___ LLC

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: ___ Office Only ___ Shop/Storage ___ Other If other, please describe: _____

Construction: ___ Frame ___ Masonry ___ Fire Resistive Year of Construction: _____

Protection: ___ Highly Protected ___ Protected ___ Semi-Protected ___ Unprotected

Feet From Hydrant: _____ Miles From Fire Dept: _____ Fire District: _____

Building Coverage Amount: \$ _____ Cause of Loss: ___ SF-1 ___ SF-2 ___ SF-3 ACV/RC? _____

Business Property Amount: \$ _____ Cause of Loss: SF - 4 form included ACV/RC? _____

Deductible: ___ \$250 ___ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000

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 (Y/N)? ___ Is yes, explain: _____

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

Does insured have a business card (Y/N)? ___ If so, please attach a copy.

Does insured have a website (Y/N)? ___ If so, please provide the address: _____

Does insured have a business certificate (Y/N)? ___ If so, please attach a copy.

Does the applicant do any design work (Y/N)? ___ 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 (Y/N)? _____

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 (Y/N)? _____

Does the applicant require certificates (Y/N)? _____

Does insured sign or require hold harmless agreements when working with subs (Y/N)? ___ 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 (Y/N)? _____

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 (Y/N)? _____

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 (Y/N)? _____ If yes, why? _____

Any previous loss of insured (Y/N)? _____ If yes, give complete details: _____

Completion Of All Questions Is Required To Process Application

SUPPLEMENTAL CLASSIFICATION INFORMATION

CARPENTRY

Does insured build homes (Y/N)? _____ How many a year? _____

DEMOLITION

Any demolition work (Y/N)? _____ Details: _____

HEATING

Any heating work(Y/N)? Forced hot air _____% Woodstoves: _____% Baseboard _____% Outdoor Heat _____%
Other _____% Please list: _____

JANITORIAL

Does the applicant do any floor waxing (Y/N)? _____ What is the percentage? _____%

If Commerical, describe risk(s): _____

LANDSCAPING

Is there any residential tree removal (Y/N)? _____ Details: _____

Is there any residential tree trimming (Y/N)? _____ Details: _____

Does applicant use pesticides (Y/N)? _____

LOGGER

Is there any residential tree removal (Y/N)? _____ Details: _____

Is there any residential tree trimming (Y/N)? _____ Details: _____

MASON

Any chimney sweeping operations (Y/N)? _____

Any chimney liner repair or installation (Y/N)? _____ % 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 (Y/N)? _____ If yes, what is the percentage? _____%

POWER WASHING

Will the insured power wash roofs (Y/N)? _____ If so, please provide the percentage of work: _____%

ROOFING

Does the insured do **ANY** roofing (Y/N)? _____ 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: _____% Type: _____

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. This form must be signed by the insured and the file either scanned and emailed or physically mailed.

SUPPLEMENTAL CLASSIFICATION INFORMATION (continued)

SNOWPLOWING

Does insured perform any snowplowing, salting, sanding and/or snow/ice removal for others (Y/N)? _____

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 (Y/N)? _____

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 (Y/N)? _____ If yes, where? _____

Optional Liability Coverages:

Fire Legal Liability (LS - 48)\$ _____ (\$50,000 included in LS-6)

Underground Coverage (LS - 26) (Y/N)? _____ (Coverage added automatically unless marked no)

Collapse Coverage (LS - 26) (Y/N)? _____

Explosion Coverage (LS - 26) (Y/N)? _____

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: _____