

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____
3. Are you licensed? Yes No
License class/number: _____; States you operate in: _____
4. List contact for premium audit/inspection: _____ Phone: _____

YOUR OPERATIONS

5. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? Yes No
6. Payroll of active owners (except those exclusively in clerical or sales): \$ _____
7. Leased workers: Cost \$ _____ Number: _____; Casual laborers: Cost \$ _____ Number: _____
8. Show percent of work performed in:
 - a. Residential: **(If you perform new home construction, also complete the General Contractor's section.)**
Exterior Remodeling _____% + Interior Remodeling _____% + New Home Construction _____% = 100%
 - b. Commercial: Describe: _____
9. Provide employee payroll and sales:

Interior Remodeling	Exterior Remodeling
\$ _____ Payroll \$ _____ Sales	\$ _____ Payroll \$ _____ Sales

10. Describe the largest jobs completed in the last three (3) years. **(Please complete an Artisan Contractor application A78, if average job is less than \$1,500.)**

Project/Location	Nature of Work	Gross Sales	Dates - Start/End
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____

11. Do you always have a written contract agreement with the customer? Yes No
12. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? Yes No N/A
13. Roofing will be classified and charged for separately.
Estimated roofing payroll: \$ _____
Roofing subcontractor cost (labor and materials) estimate: \$ _____ with Certificates of Insurance.
14. Have you worked on any condominiums, town houses, or tract homes in the past five years? Yes No
If yes, specify year(s), number(s), location(s) and job description(s): _____
15. Do you plan on working or are you working on any condominiums, town houses, or tract homes? Yes No
If yes, specify number(s), location(s) and job description(s): _____
16. Are you currently working or would you consider working in the state of New York? Yes No
If yes, please provide details on the job or jobs: _____

17. Describe operations other than remodeling completed in the past or anticipated to be done in the future with estimated payroll/subcontract cost:

18. Have you ever done any of the following?

	Yes	No		Yes	No
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe: _____

19. Do you bid on roofing projects? Yes No

SUBCONTRACTED OPERATIONS

20. Do you use subcontractors? Yes No

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors? Yes No

22. Do all subcontractors provide Certificates of Insurance? Yes No

23.a. General Liability limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate

b. Are you an additional insured on all certificates received from subcontractors? Yes No

c. Are you "held harmless" on all certificates received from subcontractors? Yes No

d. How long are certificates kept? _____

Note: These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

24.a. Estimated subcontract cost (labor and materials) from those providing Certificates of Insurance: \$ _____

b. Estimated subcontract cost (labor and materials) from those **not** providing Certificates of Insurance: \$ _____

c. Please list the trades of those not providing Certificates of Insurance: _____

GENERAL CONTRACTORS - Only Applicable If New Home Construction May Be Done

25. Coverage for new home construction requires a non-remodeling classification on the policy:

Are you the: Executive Supervisor (91580) Carpenter (91340); or Other: _____

26. Describe a job in progress which we may inspect including: Project/Location, Nature of Work, Receipts, and Start/End Dates:

27. Have you worked or are you planning to work in any of the following states? Yes No

(AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, UT, WA) If yes, indicate which and provide information on each job:

28. Are American Institute of Architects Standard Contracts used? Yes No

If no, explain: _____

29. Indicate work done:	By You or Employees	Payroll / Cost (labor and materials)	By Subs	By Uninsured Subs
a. Carpentry – all other	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – interior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e. Door/window installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
i. Floor covering	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
j. Home furnishings installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – exterior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – interior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/plastering	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
q. Siding installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
r. Tiling	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COVERAGES

30. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act? If so and you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:
- a. Are you an EPA Certified Renovator? Yes No
 - b. Check a limit of insurance:
 - \$100,000 Claims Made (defense cost in addition to limit).
 - \$250,000 Claims Made (defense cost in addition to limit).
 - c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to? Yes No

Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.

31. Are you interested in a quote for Contractor's Equipment Coverage? Yes No
 This covers your scheduled equipment which should be listed below. Unscheduled equipment will be covered up to \$10,000. The estimated cost is \$300. Scheduled equipment list:

SIGNATURE

The applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Applicant's Signature	Date
Title	Producing Agent