

Scottsdale Insurance Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Surplus Lines Insurance Company
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

Scottsdale Indemnity Company
 Home Office: One Nationwide Plaza
 Columbus, Ohio 43215
 Adm. Office: 8877 North Gainey Center Drive
 Scottsdale, Arizona 85258

1-800-423-7675

ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: _____

Name of Applicant: _____

State/Area of Operations: _____ Web site Address: _____

Provide details of all your operations: _____

Do you have other business ventures for which coverage is not requested? Yes No

If yes, explain and advise where insured: _____

PLEASE ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE “NOT APPLICABLE.”

1. Applicant Operations:

Number of Owner/Partners/Officers: _____ Payroll: _____ No. of Trade Employees: _____

(The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

Show by Trade:		Operation is: (% of each)	Type of Work:
Trade: _____	Payroll \$ _____	General Contractor _____%	Residential/New _____%
Trade: _____	Payroll \$ _____	Artisan Contractor _____%	Residential/Remodeling _____%
Trade: _____	Payroll \$ _____	Subcontractor _____%	Condos _____%
		Total 100 %	Commercial _____%
Uninsured Subcontractors:	Cost \$ _____		Industrial _____%
Insured Subcontractors:	Cost \$ _____		Total 100%
Other: _____	Payroll \$ _____		

2. Receipts/Sales: Current Year: _____ Previous Year: _____ Two Years Ago: _____

3. Describe equipment used in operations: _____

Cranes/Cherry Pickers/Lifts—Maximum height: _____

4. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

5. List five largest jobs in the last three years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

6. Have you acted in the capacity of a General Contractor in the past? Yes No
 If yes, provide details: _____

7. Any past or current operations on new condominiums or townhouses/townhomes? Yes No
 If yes, provide details: _____

8. Indicate percentage of total operations performed by you or subcontractors for the following:

Airports	%	Farm Equipment Repair	%	Petrochemical Plants	%
Ammonia Refrigeration Systems	%	Fire and Water Restoration	%	Pile Driving	%
Asbestos Removal	%	Fire Suppression Systems	%	Prisons	%
Automatic or Power Doors	%	Framing (Residential)	%	Railroads	%
Blasting	%	Foundation Construction	%	Refineries	%
Boilers	%	Foundation Repair	%	Residential Home (New Construction)	%
Bridge Work	%	Grain Elevators	%	Roofing	%
Conveyers	%	Hazardous Waste	%	Sand/Gravel	%
Cranes	%	Home Inspections	%	Sand Blasting	%
Demolition	%	LPG (percent of receipts)	%	Siding	%
Design	%	Marinas	%	Soil Testing	%
Drilling	%	Maritime USL&H	%	Soil Stabilization	%
Earthquake Retrofitting or Reinforcing	%	Mining	%	Surveying	%
EIFS (Synthetic Stucco)	%	Mold and Spore Treatment or Remediation	%	Trailer Hitches	%
Electrical Fence	%	Oil and Gas Fields	%	Underpinning	%
Excavating	%	Over the Hole	%	Waterproofing	%

9. Any work on hillsides/slopes (over fifteen percent [15%] grade)? Yes No
 If yes, percentage of operations: _____%

10. Any work at landfills? Yes No
 If yes, percentage of operations: _____%

11. Any work performed above two stories in height from grade? Yes No
 Maximum number of stories: _____

12. List the subcontracted trades used and the percentage of total operations:

Carpentry	_____%	_____ / _____%	_____ / _____%	_____ / _____%
Plumbing	_____%	_____ / _____%	_____ / _____%	_____ / _____%
Electrical	_____%	_____ / _____%	_____ / _____%	_____ / _____%
Heating/Air	_____%	_____ / _____%	_____ / _____%	_____ / _____%

13. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance? Yes No
If yes, provide details: _____

14. Liability Controls:

- a. Do you use a written contract with customers?..... Yes No
If no, explain when not required: _____
- b. Do you use a written contract with subcontractors?..... Yes No
If no, explain when not required: _____
- c. Do your contracts contain a hold harmless agreement in your favor? Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum limits required: _____
- e. Are you added as an additional insured on the subcontractors' liability policies? Yes No
- f. Do you have Workers' Compensation coverage in force? Yes No
- g. Do you provide architectural or engineering design services? Yes No
If yes, explain: _____
- Do you carry Errors & Omissions coverage for these services? Yes No
- h. Are you a contraction/project manager or consultant?..... Yes No
- i. Have you been involved in any claims involving construction defects? Yes No
If yes, explain: _____

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

FRAUD WARNINGS

FRAUD WARNING:

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 subjects such person to criminal and civil penalties. **Not applicable in Nebraska, Oregon and Vermont.**

FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

NOTICE TO COLORADO APPLICANTS: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

NOTICE TO OHIO APPLICANTS: Any person who knowingly and with intent to defraud any insurance company 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 subjects such person to criminal and civil penalties.

NOTICE TO LOUISIANA APPLICANTS: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO FLORIDA APPLICANTS: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

NOTICE TO MAINE APPLICANTS: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

NOTICE TO MARYLAND APPLICANTS: Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE TO OKLAHOMA APPLICANTS: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

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.

APPLICANT'S NAME AND TITLE: _____

APPLICANT'S SIGNATURE: _____ DATE: _____

(Must be signed by active owner, partner or executive officer.)

PRODUCER'S SIGNATURE: _____ DATE: _____

NAME AND PHONE NUMBER OF INDIVIDUAL TO CONTACT FOR INSPECTION/AUDIT: _____

IMPORTANT NOTICE

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.