

Please complete this survey from and fax or Email (Copy & Paste) to (fax #763-689-2816) or Email (jeffstahnke@sherbtel.net). Upon receipt we will email a quotation to you. We may also need to call you to ask additional questions. This is only a request for a no-obligation quotation. It is not an application for a policy and does not provide coverage what-so-ever.

**ARTISAN CONTRACTORS SURVEY
MINNESOTA ONLY**

Eligibility: This is designed for the small building or service contractor with minimal subcontractor exposure. Refer to the rate page attached for types of eligible operations.

Basic Coverage: Commercial General Liability Coverage is provided by the ISO Occurrence Coverage Form. Medical Payments, Damage to Premises Rented to You, and Personal and Advertising Injury are included in the rates shown. The policy is subject to audit and the premiums are both minimum and deposit.

Named Insured:

Phone: _____ Email _____

PREQUALIFICATION (Must be completed entirely for each applicant)
If YES to any of the following

1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 units in any one development, in any one year? (Unit means one home, one town home unit, or one condo unit). Yes No
 - a) Specify the total number of units in any one development, in any one year.
2. Does your cost of subcontractors exceed 30% of gross receipts? Yes No
3. Have you been in business less than a year with less than 2 years experience? Yes No
4. Have you had any losses? Yes No
5. Have you had OSHA violations? Yes No
6. Are you a real estate developer or construction manager? Yes No
7. Have you been named in a suit for defective workmanship? Yes No
8. Do you employ architects or engineers? Yes No
9. Do you have any operations in Arizona, California, Colorado, Nevada, Texas, Florida, North Carolina, South Carolina, Alabama, Maryland, New Mexico, Oregon, Virginia or Washington? Yes No
10. Do you have any current or prior projects involving the use of exterior insulation and finish systems Yes No

BUSINESS INFORMATION

1. Named Insured _____
2. Mailing Address _____
3. Desired Effective Date _____

4. Applicant is*: Individual Partnership Corporation
LLC Other (specify)

5. Location of premises: Same as mailing address

6. Have you operated under any other name(s)? Yes No If yes, list name, address and years in operation.

7. Years in current business _____ Years of experience as a contractor _____

8. PRIOR INSURANCE CARRIER AND LOSSES, WHETHER COVERED BY INSURANCE OR NOT, FOR THE PAST THREE FULL YEARS:

Year Carrier/Policy Number/ Coverage # of Amount Description of Losses

1
2
3

Premium Losses (Use separate sheet if necessary)

1
2
3

Has insurance of this type been cancelled, refused or non-renewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason.

New Operation No Coverage carried (explain): _____

TYPE OF CONTRACTOR

1. Describe your operations. _____

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction ___ % Remodeling ___ % Repairs ___ % = 100%

b. Outside Building ___ % Inside Building ___ % = 100%

c. Residential ___ % Commercial ___ % Industrial ___ % = 100%

3. Do you specialize in any part of the construction of the following types of buildings? Yes No

• Nursing Homes • Condominiums • Hotels/Motels • Day Care Centers
• Apartments

• Hospitals • Multi-family Habitational If yes, explain. _____

4. Indicate whether the following types of work are done by you and/or your employees or by your subcontractors:

E - You and/or Your Employees

S - Your Subcontractors

N/A - Not

Applicable

	E	S	N/A		E	S	N/A
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (describe)							

OPERATIONS

1. Do you use cranes in any of your activities? Yes No
 If yes, are tower cranes used? Length of the boom: Yes No
 Age of the crane: _____ OSHA certified inspection date _____

2. Do you rent or loan machinery or equipment to others? Yes No

3. Are you involved in any of the following operations?
 - a. Removal of Asbestos, Lead, PC B's, Mold, Hazardous Materials? Yes No
 - b. Tank Removal or Replacement Yes No
 - c. Other (describe) _____

4. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence? Yes No
 If yes, explain: _____

5. Do you draw any plans or blueprints used in your construction work? Yes No
 If yes, describe. _____
 If yes, do you carry Professional Liability or Errors and Omissions insurance? Yes No

6. Do you do any snow removal? Yes No
 If yes, what percentage of operations % Describe _____

INDEPENDENT CONTRACTORS

1. Do you hire subcontractors? Yes No

2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor Yes No
3. Do you utilize a standardized contract with all of your subcontractors? Yes No
4. Do you require subcontractors to provide the following?
 - a. Carry General Liability coverage with coverage and limits equal or greater than your own? Yes No
 - b. Name you as an Additional Insured? Yes No
 - c. Furnish Certificates of Insurance for General Liability and Workers Compensation? Yes No
 - d. Are records kept? Yes No
5. Total cost of work subcontracted to others (including cost of material): \$ _____

HISTORY

1. Have you been involved in any other business besides contracting
 Yes No If yes, describe. _____

2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?
 Yes No If yes, describe. _____
3. Describe all types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.) _____
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PAYROLL / RECEIPTS INFORMATION

1. Provide the following information: *exclude payroll of owner s, clerical, sales.
 Year _____ Total Payroll _____ Total Gross Annual _____
2. Provide the total number of owner(s): _____
 Provide the total number of employee(s): _____

COVERAGES / LIMITS

\$ _____ General Aggregate- Liability

OPTIONAL COVERAGES

Business Personal Property (answer only if coverage is desired)

Schedule of Equipment (attach separate an e, if needed):

Unit	Model Year	Unit Description	Manufacturer	Model	Serial Number	Limit
1						
2						

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.