Underwriting Service Management Co

3800 Ashland Drive, Harleysville, PA 19438
Main Office: (215) 647-9600
usmcinsurance.com

Artisan Contractors General Liability & Excess Liability Application

(Excluding Non-Commercial Grade Residential)

Applicant Information

Applicant (First Named Insured and Named Insureds):_____FEIN:_____

Street Address:_____City: _____State:_____Zip:_____

Coverage(s) Desired

☐ General Liability ☐ Excess Liability ☐ HNOA ☐ Contractors E&O

Company Website (If None, Please Indicate N/A):_____

Contact Information

CEO/Owner/Principal(s)	Phone ☐ Home ☐ Office ☐ Cell	Email Address
Chief Financial Officer	**Phone ☐ Home ☐ Office ☐ Cell**	**Email Address**
Designated Safety Manager	**Phone ☐ Home ☐ Office ☐ Cell**	**Email Address**

PLEASE ANSWER ALL QUESTIONS. IF THEY DO NOT APPLY INDICATE "N/A." DO NOT LEAVE BLANK.

Operations

Describe Your Operations in Detail:

_____

_____

_____

_____

_____

_____

Applicant Is (Must Total 100%)

☐ General Contractor:_____% ☐ Subcontractor:_____% ☐ Developer:_____%

☐ Owner/Builder:_____% ☐ Construction Mgr/Consultant:_____% ☐ Other:_____% Please Describe:_____

Length of Time in Business:_____Total Years of Experience:_____

Total Number of Employees:_____Type of License(s): _____

License Number(s):_____Year License(s) Issued:_____

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Have You Operated or Been Licensed Under Any Other Names Over the Past Ten Years? ☐ Yes ☐ No

If Yes, Please Provide Prior Name and a Description of Operations: _____

_____

_____

Indicate % of Operations Involving (Must Total 100%)

☐ New Construction:_____% ☐ Remodeling:_____% ☐ Service:_____% ☐ Repair:_____%

☐ Other:_____% Please Describe:_____

Indicate % Work Conducted in (Must Total 100%)

☐ New York:_____% ☐ Other States:_____%

If NY, Indicate Borough:

☐ Bronx:_____% ☐ Brooklyn:_____% ☐ Staten Island:_____% ☐ Manhattan:_____% ☐ Queens:_____%

Dollar Value of Average Job Completed:_____

Work-in-Progress and Planned Projects (Include Project Name, Date, Project Description, Location & Revenue)

1:_____

2:_____

3:_____

4:_____

5:_____

Do You Have Any Other Business Ventures for Which Coverage Is Not Requested? ☐ Yes ☐ No

Are Any Operations/Projects Insured by OCIPs, CCIPs or Wrap Ups? ☐ Yes ☐ No

If Yes, What % of Gross Sales?: _____ **How Many Jobs?:** _____

If Yes, Please Explain and Advise Where Insured: _____

_____

Who Are Your Three Largest Contracts With?

1:_____

2:_____

3:_____

Do You Have a Formal Safety Program in Operation? ☐ Yes ☐ No

Do You Provide Daily Supervision Each Day at Each Jobsite? ☐ Yes ☐ No

Does Work Require Monitoring By: **(Answer Y or N)**

Certified Inspectors:_____ Resident Inspectors:_____ General Contractor:_____ Other (please explain):_____

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Do You Perform Work Above Two Stories in Height From Grade? ☐ Yes ☐ No

Maximum Number of Stories Interior:_____ Exterior:_____

Do You Perform Any Work on Utility Poles? ☐ Yes ☐ No

Do You Perform Any Roof Work? ☐ Yes ☐ No

Maximum Stories:_____ **What Kind of Roofs?** Flat:_____% Slope:_____% Pitched:_____%

Do You Perform Any Work Below Grade? ☐ Yes ☐ No

Maximum Depth:_____ % of Total Work:_____% Type of Work:_____

Do You Use Scaffolding? ☐ Yes ☐ No

☐ Own/Erect ☐ Rent/Others Erect ☐ Rent/Self-Erect ☐ Own/Erect for Others ***Must Provide Copy of Scaffolding Rental Agreement if Applicable.***

If Yes, What Type of Scaffolding?

☐ Single ☐ Double Scaffolding ☐ Cantilever Scaffolding ☐ Suspended Scaffolding ☐ Trestle/Baker ☐ Steel

Are Contractors Not Under a Written Agreement With You Allowed to Use Scaffolding? ☐ Yes ☐ No

Number of Scaffolding Jobs Annually:_____ Maximum Number of Jobs Concurrently:_____Maximum Height (Scaffolding):_____

Do You Use Cranes? ☐ Yes ☐ No ***Must Provide Copy of Crane Rental Agreement if Applicable. All Operators Must Be Certified & Proof Must Be Provided .Proof Must Be Provided.***

☐ Own/Operate ☐ Rent/With Operator ☐ Rent/Without Operator

Number of Crane Jobs Annually:_____Maximum Number of Jobs Concurrently:_____

Type of Crane:_____ Year, Make & Description:_____

Max Reach & Lift Capacity:_____ Serial Number:_____

Are Cranes Certified? ☐ Yes ☐ No

If Yes, By Whom?_____

Do You Perform Any Snow Plowing/Removal or Ice Treatment for Others? ☐ Yes ☐ No

If Yes, Please Explain:_____

Project Category - Commercial	
Percentage of Total Work	%

Building Type	% Within Category (Totals 100%)	Building Type	% Within Category (Totals 100%)
Apartments / Multi-Family Buildings	%	Warehouses / Industrial	%
Hospitals / Medical Facilities	%	Schools / Educational Facilities	%
Office Buildings	%	Government / Municipal Buildings	%
Retail Stores / Shopping Centers	%	Other Commercial	%
Restaurants / Hospitality	%		

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Project Category - Residential	
Percentage of Total Work	%

Building Type	% Within Category (Totals 100%)	Building Type	% Within Category (Totals 100%)
Single-Family Homes	%	Townhomes	%
Tract Homes	%	Mixed-Use (Residential + Commercial)	%
Condominiums	%	Other Residential	%

Indicate % of Operations Involving the Following (Direct Must Total 100%, Subcontracted Must Total 100%)

Type of Work	Direct	Sub	Type of Work	Direct	Sub	Type of Work	Direct	Sub
Aluminum/Vinyl Siding	%	%	Gas Main	%	%	Roofing Residential	%	%
Blasting	%	%	Glazer	%	%	Roofing Commercial	%	%
Boiler	%	%	Grading	%	%	Sprinkler Installer	%	%
Carpentry-Framing	%	%	HVAC	%	%	Soil Stabilization	%	%
Carpentry-Exterior	%	%	Insulation	%	%	Steel - Ornamental	%	%
Carpentry-Interior	%	%	Landscaping	%	%	Steel - Structural	%	%
Concrete	%	%	Masonry	%	%	Supervisory Only	%	%
Crane Rental	%	%	Mechanical	%	%	Swimming Pools	%	%
Door Erection	%	%	Mold & Spore Remediation	%	%	Tile Work-Indoor	%	%
Drywall	%	%	Painting-Interior	%	%	Tile Work-Outdoor	%	%
Electrical-Inside	%	%	Painting-Exterior	%	%	Tunneling	%	%
Electrical-Outside	%	%	Paperhanging	%	%	Underpinning	%	%
Electric Apparatus Repair	%	%	Paving	%	%	Wallboard Install	%	%
Excavating	%	%	Pipeline/Water Main	%	%	Waterproofing	%	%
Fire Damage Restoration	%	%	Plastering	%	%	Weather Stripping	%	%
Fire Proofing	%	%	Plumbing	%	%	Wrecking Demolition	%	%
Furniture Fixture Installation	%	%	Power Lines	%	%	Other (Describe):	%	%
Fire Suppression	%	%	Removal/Install of Underground Tanks	%	%	Other (Describe):	%	%
Framing	%	%	Sewer	%	%	Other (Describe):	%	%

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Account History for Prior Five Years & Current Projected Year

Year	Payroll	Total Revenue	Subcontracted Cost		
			Cost of Labor, Fees & Commissions	Cost of Materials & Equipment Rental	Total Subcontracted Cost
Current					
1st Prior					
2nd Prior					
3rd Prior					
4th Prior					
5th Prior					

Do You Normally Use the Same Subcontractors? ☐ Yes ☐ No

Are All Subcontractors Required to Provide You With Evidence of Insurance Before Commencing Work? ☐ Yes ☐ No

Are Certificates of Insurance Obtained From Subcontractors? ☐ Yes ☐ No

Written Contracts Obtained From All Subcontractors Include the Following in Your Favor (Check All That Apply):

☐ Hold Harmless Clause ☐ Additional Insured Status Naming You on Their Policy ☐ Waiver of Subrogation ☐ Primary Non-Contributory

Do You Confirm That Subcontractors Insurance Policies Do Not Include the Following?

☐ Action Over Exclusion ☐ Employee Injury Exclusion ☐ Exterior Height Limitation/Restriction

Do You Require All Subs to Maintain Limits Equal or Greater Than Limit of Liability Applied for Under This Insurance Policy? ☐ Yes ☐ No

Please Confirm Limits of Liability Carried by Subcontractors GL:_____ Excess:_____

Do You Act as a General Contractor or Developer of New Construction? ☐ Yes ☐ No

Do You Intend on Building on Hillsides, Slopes, Former Landfills/Dumps or in Subsidence Areas? ☐ Yes ☐ No

If Yes, Please Explain:_____% of Grade:_____

Any Past Subsidence Losses? ☐ Yes ☐ No

If Yes, Please Explain:_____

Do You Lease Mobile Equipment to Others? ☐ Yes ☐ No

If Yes, to Whom?_____

Do You Provide Operators When Leasing Out Equipment? ☐ Yes ☐ No

What Type of Equipment Do You Lease?_____

Do You Lease Employees From Others? ☐ Yes ☐ No

If Yes, What % of Employees at One Time?_____

Do You Lease Employees to Others? ☐ Yes ☐ No

If Yes, What % of Employees at One Time?_____

Do You Hold the Property of Others for Service, Storage or Repair? ☐ Yes ☐ No

If Yes, Please Explain:_____

Do You Have Workers Compensation in Force? ☐ Yes ☐ No

Most Recent Experience Modification: _____ **WC Policy Effective Date:**_____

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Expiring General Liability Premium (Past 5 Years) (Please Provide Copy of Current GL Policy)

GL Coverage	Year: 25–26	Year: 24–25	Year: 23–24	Year: 22–23	Year: 21–22
Limit					
Deductible or SIR					
Total Premium	$	$	$	$	$
Target General Liability Premium ($)					

Expiring XL Premium (Past 5 Years) (Please Provide Copy of Current XL Policy)

XL Coverage	Year: 25–26	Year: 24–25	Year: 23–24	Year: 22–23	Year: 21–22
Limit					
Deductible or SIR					
Total Premium	$	$	$	$	$
Target Excess Liability Premium ($)					
Provide Total Excess Limits Requested					

Account Loss History – Five Year Period
Indicate All Claims, Losses or Occurrences (Regardless of Fault) That May Give Rise to Claims for the Prior 5 Years

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open/Closed)
		$	$	
		$	$	
		$	$	
		$	$	
		$	$	

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 and Attestation

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.

Fraud Warning (Applicable in Tennessee 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.

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.

Fraud Warning Applicable in the State of New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

I/We hereby declare that the above statements are true, and I/We agree that this application shall be the basis of the contract with the insurance company.

_____ _____

Applicant Signature (Must Be Signed by Active Owner, Partner or Executive Officer) Date

_____ _____

Producer Signature Date

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.