

# Benchmark

**MANAGEMENT GROUP, INC.**

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## ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Date: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

State/Area of Operations: \_\_\_\_\_ Website 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: \_\_\_\_\_

\_\_\_\_\_

### 1. Applicant Operations:

Number of Owner/Partners: \_\_\_\_\_ Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

#### 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 \_\_\_\_\_ %

Other: \_\_\_\_\_ Payroll \$ \_\_\_\_\_ **Total 100 %**

Insured Subcontractors: Cost \$ \_\_\_\_\_

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 3 years:**

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

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

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

Any work on hillsides/slopes (over 15% grade)? .....  Yes  No

If yes, percentage of operations:..... %

Any work at landfills? .....  Yes  No

If yes, percentage of operations:..... %

Other: \_\_\_\_\_

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

Carpentry \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ %

Plumbing \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ %

Electrical \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ %

Heating/Air \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ % \_\_\_\_\_ / \_\_\_\_\_ %

**8. 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 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.

**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:**

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.

NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_

*(Applicable to Florida Agents Only.)*

Name and Phone Number of person to contact for inspection and/or premium audit purposes: \_\_\_\_\_

**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.

**ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE**