



Independent Insurance Wholesalers, Inc.

121 SW Morrison St., #325

Portland, OR 97204

Voice (503) 224-1956

Artisan Contractors Application

All questions must be answered in full. Application must be signed and dated by the applicant.

Applicant's Name _____ Agent _____

Applicant Mailing Address _____ Applicant's Phone Number _____

_____ Web Address _____

_____ Inspection Contact _____

Proposed Policy Period ____ to ____ Phone Number for Inspection Contact _____

Applicant is Individual Partnership Corporation Joint Venture Other _____

Location #1 _____

Location #2 _____

Location #3 _____

GENERAL INFORMATION:

1. Number of years in business _____

If new business or less than 3 years experience describe prior experience in this field: _____

2. Are you licensed?..... Yes No

Your contractors' license number: _____

Types of Licenses held _____

GENERAL LIABILITY INFORMATION

1. Applicant is (Percentage of Each)

General Contractor _____ % Real Estate Developer _____ % Subcontractor _____ %

2. Type of Work Performed (Percentage of Each):

New Construction _____ % Remodeling/Additions _____ % Repair/Service Work _____ %

Roofing _____ % Type of Roofing? _____

Owner/Partner Payroll \$ _____ Subcontractor Cost \$ _____ Uninsured Subcontractor Payroll \$ _____

Number of Employees _____ Employee Payroll \$ _____ Leased Employees Payroll \$ _____

3. Total Sales \$ _____

4. Provide a complete description of all work performed _____

5. What type of work is subcontracted?

TYPE	%	TYPE	%	TYPE	%

UNDERWRITING INFORMATION

EXPLAIN ALL "YES" RESPONSES

1. Are certificates of insurance obtained prior to subcontractors starting work? Yes No
If no, rate as primary class of work subcontractor is performing.
2. Are you named as additional insured on the subcontractor's policy?..... Yes No
It is preferred that you be named as an additional insured.
3. Do you carry workers compensation insurance?..... Yes No
4. Do you have Mobile Equipment that travels over public roads?..... Yes No
5. Do you lease mobile equipment from others? Yes No
If yes, are certificates of insurance required when leased with operator? Yes No
Describe the type or equipment leased. _____
6. Do you perform any out of state work? Yes No
If yes, in what states and provide details of work performed? _____
Have you ever or do you currently perform work in AZ, CA, CO, NV, NY, OR, UT or WA? Yes No
If yes, please describe. _____
7. What is the maximum height you will perform work? (# of stories) _____
8. Do you or have you had any past, present or discontinued operations involving storing, treating, discharging, applying, disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)? Yes No
9. Have you operated under any other name(s)? Yes No
If yes, list name, address, years in operation, state of operation and exposures _____

NAME	ADDRESS	YEARS IN OPERATION	STATE OF OPERATION	EXPOSURES

10. Do you build residential homes? Yes No
If yes, how many do you build in a year? _____
11. Are you involved in any operations outside of the construction industry? Yes No
Describe: _____
12. Have you ever been involved in or are you aware of pending litigation against any named insured concerning construction defect or fungus/mold claims?..... Yes No
Describe: _____
13. Do you lease employees to or from other employers? Yes No
14. Do you have a labor interchange with any other business or subsidiaries? Yes No
15. Any structural alterations contemplated? Yes No
16. Are you a subsidiary of another entity or do you have any subsidiaries?..... Yes No
17. Any exposure to flammables, explosives, chemicals? Yes No
18. Any operations sold, acquired, or discontinued in last 5 years?..... Yes No
19. Have you been active in or are you currently active in joint ventures?..... Yes No
20. Any bankruptcies, tax or credit liens against you in the past 5 years? Yes No
Explain: _____

LIST FIVE (5) OF YOUR LARGEST JOBS IN THE LAST FIVE (5) YEARS:

LOCATION	DESCRIPTION OF JOB	JOB COST	PROJECT DURATION	PROJECT COMPLETION DATE

LIMITS – GENERAL LIABILITY (PER OCCURRENCE)

GENERAL AGGREGATE (OTHER THAN PRODUCTS/COMPLETED OPERATIONS) \$ _____

PRODUCTS & COMPLETED OPERATIONS AGGREGATE \$ _____

PERSONAL & ADVERTISING INJURY (ANY ONE PERSON OR ORGANIZATION) \$ _____

EACH OCCURRENCE \$ _____

DAMAGE TO PREMISES RENTED TO YOU (ANY ONE PREMISES) \$ _____

MEDICAL EXPENSE (ANY ONE PERSON) \$ _____

CERTIFICATE RECIPIENTS / ADDITIONAL INTERESTS

NAME AND ADDRESS	RELATIONSHIP TO APPLICANT	ADDITIONAL INSURED	CERTIFICATE
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PRIOR CARRIER HISTORY & LOSS INFORMATION

PRIOR CARRIERS (LAST THREE YEARS):

YEAR	CARRIER	POLICY NUMBER	LIMITS	PREMIUM

LOSS HISTORY (LAST FIVE YEARS)

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS	AMOUNT PAID	RESERVE

