

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

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ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

(Complete in addition to ACORD General Liability Application)

Applicant's Name: _____

 Mailing Address: _____

Agency Name: _____
 Agent: _____
 Phone: _____

PROPOSED EFFECTIVE DATE: From _____ To _____ 12:01 A.M., Standard Time at the address of the Applicant

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

1. Applicant Operations:

a. States/Areas of Operations: _____

b. Describe all operations in detail: _____

c. Length of time in business operating under the name shown above: _____ years or new venture.

d. Number of Owner/Partners/Officers: _____

e. Number of Trade Employees: _____

f. Total Payroll: \$ _____

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

Show by Trade:

Trade: _____ Payroll \$ _____
 Trade: _____ Payroll \$ _____
 Trade: _____ Payroll \$ _____

Operation is: (% of each)

General Contractor _____%
 Artisan Contractor _____%
 Subcontractor _____%

Type of Work:

Residential/New _____%
 Residential/Remodeling _____%
 Condos/Townhouses _____%

Total 100 %

Commercial _____%
 Industrial _____%

Uninsured Subcontractors: Cost \$ _____

Insured Subcontractors: Cost \$ _____

Other: _____ Payroll \$ _____

Total 100%

g. Is applicant licensed? Yes No

If yes, type of license and number: _____ Year license issued: _____

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? .. Yes No

If yes, provide prior name and describe type of operations: _____

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, Project Description and Location	Cost of Project	Start Date	End Date
a. _____	\$ _____	_____	_____
b. _____	\$ _____	_____	_____
c. _____	\$ _____	_____	_____
d. _____	\$ _____	_____	_____
e. _____	\$ _____	_____	_____

6. **Has applicant 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 applicant or subcontractors for the following:**

Airports	%	Fire/Water restoration	%	Petrochemical plants	%
Ammonia refrigeration systems	%	Fire suppression systems	%	Pile driving	%
Asbestos removal	%	Framing (residential)	%	Prisons	%
Automatic/Power doors	%	Foundation construction	%	Railroads	%
Blasting	%	Foundation repair	%	Refineries	%
Boilers	%	Grain elevators	%	Residential home (new construction)	%
Bridge work	%	Hazardous waste	%	Roofing	%
Conveyers	%	Home inspections	%	Sand/Gravel	%
Cranes	%	LPG (percent of receipts)	%	Sand blasting	%
Demolition	%	Marinas	%	Siding	%
Design	%	Maritime USL&H	%	Soil testing	%
Drilling	%	Mining	%	Soil stabilization	%
Earthquake retrofitting/reinforcing	%	Mold/Spore treatment or remediation	%	Surveying	%
Electrical fence	%	Oil/Gas fields	%	Trailer hitches	%
Excavating	%	Oil/Gas plants	%	Underpinning	%
Farm equipment repair	%	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. **Any past or present EIFS (synthetic stucco) operations for commercial or residential construction?** Yes No
 If yes, advise: _____
13. **List the subcontracted trades used and the percentage of total operations:**
- | | | | | |
|-------------|---------|-----------------|-----------------|-----------------|
| Carpentry | _____ % | _____ / _____ % | _____ / _____ % | _____ / _____ % |
| Plumbing | _____ % | _____ / _____ % | _____ / _____ % | _____ / _____ % |
| Electrical | _____ % | _____ / _____ % | _____ / _____ % | _____ / _____ % |
| Heating/Air | _____ % | _____ / _____ % | _____ / _____ % | _____ / _____ % |
14. **Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?** Yes No
 If yes, provide details: _____
15. **Liability Controls:**
- a. Does applicant use a written contract with customers? Yes No
 If no, explain when not required: _____
- b. Does applicant use a written contract with subcontractors? Yes No
 If no, explain when not required: _____
- c. Do applicant's contracts contain a hold harmless agreement in applicant's favor? Yes No
- d. Does applicant obtain certificates of insurance from all subcontractors? Yes No
 If yes, minimum limits required: \$ _____
- e. Is applicant added as an additional insured on the subcontractors' liability policies? Yes No
- f. Does applicant have Workers' Compensation coverage in force? Yes No
- g. Does applicant provide architectural or engineering design services? Yes No
 If yes, explain: _____
- Does applicant carry Errors & Omissions coverage for these services? Yes No
- h. Is applicant a construction/project manager or consultant? Yes No
- i. Has applicant been involved in any claims involving construction defects? Yes No
 If yes, explain: _____
16. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?** Yes No
 If yes, describe: _____
17. **Does applicant have other business ventures for which coverage is not requested?** Yes No
 If yes, explain and advise where insured: _____

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 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.**

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.

WARNING TO DISTRICT OF COLUMBIA APPLICANTS: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

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 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 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 MINNESOTA APPLICANTS: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

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 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.

NOTICE TO RHODE ISLAND 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.

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 NEW YORK APPLICANTS (Other than automobile): 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.