

Note: If this is a renewal with Western World, you may use our one page Contractors Renewal Application RA96 (unless requested otherwise).

GENERAL

1. Business Name: _____ Web Site: _____
2. Years in business under this name: _____ Years of experience in this field: _____
3. Are you licensed? ☐ Yes ☐ No
License class/number: _____; States you operate in: _____
4. List contact for premium audit/inspection: _____ Phone: _____

YOUR OPERATIONS

5. Do you allow your license to be used by others to obtain a permit without your jobsite supervision? ☐ Yes ☐ No
6. Payroll of active owners (except those exclusively in clerical or sales): \$ _____
7. Leased workers: Cost \$ _____ Number: _____; Casual laborers: Cost \$ _____ Number: _____
8. Show percent of work performed in:
 - a. Residential: **(If you perform new home construction, also complete the General Contractor's section.)**
Exterior Remodeling _____% + Interior Remodeling _____% + New Home Construction _____% = **100%**
 - b. Commercial: Describe: _____
 - c. Industrial: Describe: _____ (usually unacceptable.)
9. Provide employee payroll and sales:

Interior Remodeling		Exterior Remodeling	
\$ _____	Payroll	\$ _____	Sales
\$ _____	Payroll	\$ _____	Sales

10. Describe the largest jobs completed in the last three (3) years. **(Please complete an Artisan Contractor application A78, if average job is less than \$1,500.)**

Project/Location	Nature of Work	Gross Sales	Dates - Start/End
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____

11. Do you always have a written contract agreement with the customer? ☐ Yes ☐ No
12. If excavating, do you use "Dig Safe" or do you contact utilities prior to digging? ☐ Yes ☐ No ☐ N/A
13. Roofing will be classified and charged for separately.
Estimated roofing payroll: \$ _____
Roofing subcontractor cost (labor and materials) estimate: \$ _____ with Certificates of Insurance.
14. Have you worked on any condominiums, town houses, or tract homes in the past five years? ☐ Yes ☐ No
If yes, specify year(s), number(s), location(s) and job description(s): _____
15. Do you plan on working or are you working on any condominiums, town houses, or tract homes? ☐ Yes ☐ No
If yes, specify number(s), location(s) and job description(s): _____
16. Are you currently working or would you consider working in the state of New York? ☐ Yes ☐ No
If yes, please provide details on the job or jobs: _____

17. Describe operations other than remodeling completed in the past or anticipated to be done in the future with estimated payroll/subcontract cost:

18. Have you ever done any of the following?

	Yes	No		Yes	No
Architecture/Design	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>
Blasting	<input type="checkbox"/>	<input type="checkbox"/>	Use of cranes/hoists	<input type="checkbox"/>	<input type="checkbox"/>
Dams/Reservoirs	<input type="checkbox"/>	<input type="checkbox"/>	Fireproofing	<input type="checkbox"/>	<input type="checkbox"/>
Fire/Water restoration	<input type="checkbox"/>	<input type="checkbox"/>	Work over three (3) stories	<input type="checkbox"/>	<input type="checkbox"/>
Lead abatement	<input type="checkbox"/>	<input type="checkbox"/>	Mold remediation	<input type="checkbox"/>	<input type="checkbox"/>
Radon mitigation	<input type="checkbox"/>	<input type="checkbox"/>	Re-roofing	<input type="checkbox"/>	<input type="checkbox"/>
Sewer	<input type="checkbox"/>	<input type="checkbox"/>	Sprinklers/Fire prevention	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic stucco (EFIS)	<input type="checkbox"/>	<input type="checkbox"/>	New residential construction	<input type="checkbox"/>	<input type="checkbox"/>

If yes, describe:

19. Do you bid on roofing projects?

☐ Yes ☐ No

SUBCONTRACTED OPERATIONS

20. Do you use subcontractors?

☐ Yes ☐ No

21. Do you require policies/certificates of Workers Compensation coverage from subcontractors?

☐ Yes ☐ No

22. Do **all** subcontractors provide Certificates of Insurance?

☐ Yes ☐ No

23.a. General Liability limits required of your subcontractors: \$ _____ Occurrence \$ _____ Aggregate

b. Are you an additional insured on all certificates received from subcontractors?

☐ Yes ☐ No

c. Are you "held harmless" on all certificates received from subcontractors?

☐ Yes ☐ No

d. How long are certificates kept? _____

Note: These show to our premium auditor that your subcontractors are insured and help our Claims Department better represent you.

24.a. Estimated subcontract cost (labor and materials) from those providing Certificates of Insurance: \$ _____

b. Estimated subcontract cost (labor and materials) from those **not** providing Certificates of Insurance: \$ _____

c. Please list the trades of those not providing Certificates of Insurance: _____

GENERAL CONTRACTORS - Only Applicable If New Home Construction May Be Done

25 Coverage for new home construction requires a non-remodeling classification on the policy:

Are you the: ☐ Executive Supervisor (91580) ☐ Carpenter (91340); or ☐ Other: _____

26. Describe a job in progress which we may inspect including: Project/Location, Nature of Work, Receipts, and Start/End Dates:

27. Have you worked or are you planning to work in any of the following states? ☐ Yes ☐ No
(AK, AZ, CA, CO, HI, MN, NV, NM, OR, SC, UT, WA) If yes, indicate which and provide information on each job:

28. Are American Institute of Architects Standard Contracts used?

☐ Yes ☐ No

If no, explain: _____

29. Indicate work done:	By You or Employees	Payroll / Cost (labor and materials)	By Subs	By Uninsured Subs
a. Carpentry – all other	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
b. Carpentry – interior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
c. Concrete	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
d. Demolition	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
e. Door/window installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
f. Drywall	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
g. Electrical	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
h. Excavation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
i. Floor covering	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
j. Home furnishings installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
k. Insulation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
l. Masonry	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
m. Painting – exterior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
n. Painting – interior	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
o. Paperhanging/plastering	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
p. Plumbing	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
q. Siding installation	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
r. Tiling	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COVERAGES

30. Do your operations involve work that falls under the EPA's Lead Based Paint Renovation, Repair and Painting Act?

If so and you are interested in obtaining a quote for claims of bodily injury due to lead paint, complete the following:

- a. Are you an EPA Certified Renovator? ☐ Yes ☐ No
- b. Check a limit of insurance:
- ☐ \$100,000 Claims Made (defense cost in addition to limit).
- ☐ \$250,000 Claims Made (defense cost in addition to limit).
- c. Will you follow the EPA consumer education and work practice requirements for all jobs this Act applies to? ☐ Yes ☐ No

Note: Our policy does not protect you against EPA fines that may result from claims made against you alleging non-adherence to the EPA Lead-Safe work practice requirements. Any "No" answers above disqualify you for coverage.

31. Are you interested in a quote for Contractor's Equipment Coverage? ☐ Yes ☐ No

This covers your scheduled equipment which should be listed below. Unscheduled equipment will be covered up to \$10,000. The estimated cost is \$300. Scheduled equipment list:

FRAUD WARNING STATEMENTS

Alabama	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution, fines, or confinement in prison, or any combination thereof.
Arkansas Louisiana West Virginia	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.
Colorado	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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.
District of Columbia	WARNING: 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.
Florida	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 of the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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.
Maine	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 denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
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.
New Mexico	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 CIVIL FINES AND CRIMINAL PENALTIES.
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. Fire: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime.
Ohio	Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.
Oklahoma	WARNING: 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.
Oregon	Fire: This entire policy shall be void if, whether before or after a loss, the insured has willfully concealed or misrepresented any material fact or circumstance concerning this insurance or the subject thereof, or the interest of the insured therein, or in case of any fraud or false swearing by the insured relating thereto.
Pennsylvania	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.
Rhode Island	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.
Tennessee Virginia 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.
All Other States	Any person who knowingly and willfully presents false information in an application for insurance may be guilty of insurance fraud and subject to fines and confinement in prison.

SIGNATURE

The applicant warrants that the above statements and particulars, together with any attached or appended documents, are true and complete and do not misrepresent, mistake, or omit any material facts.

Applicant's Signature

Date

Title

Producing Agent