



ASSOCIATED SPECIALTY INSURANCE AGENCY, INC.

The Workers' Compensation Specialist for Brokers and Agents

NJ ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

General Questions

1. Name of applicant:
2. Contact person & telephone number for inspection:
3. Web Site or E-Mail Address:
4. Has the applicant adjudged bankrupt, insolvent, or had any liens (including tax liens) placed against property or the business within the past 5 years? YES___ NO___
5. Is the applicant aware of any litigation against the business in the past 5 years? YES___ NO___
6. Detailed description of operations AND services provided:

7. How many years operating under the current business name?
8. Years of trade experience:
9. Radius of operations:
10. Does/Will the applicant own any other businesses – contracting or otherwise? YES___ NO___
11. Has the applicant had any other business names in the past 5 years? YES___ NO___
If YES, please list them: _____
12. How many business owners?

Underwriting Questions

1. Percentage of Residential / Commercial work:
 2. What is the total dollar value of subcontracted work within the past 12 months?
 3. Percentage of work the applicant subcontracts out:
 4. Percentage of work the applicant has done as a subcontractor:
 5. Are Certificates of Insurance required of ALL subcontractors? YES___ NO___
 6. Does/Will the applicant use temporary or untrained personnel? YES___ NO___
 7. Are employees hired from a Union Hall? YES___ NO___
 8. Does the Owner supervise daily jobs or operations directly? YES___ NO___
If NO, please explain _____
 9. Does the applicant provide Personal Protective Equipment (PPE) to their employees? YES___ NO___
 10. Does/Will the applicant perform any roofing, siding, window or gutter work, excluding work subcontracted to others? YES___ NO___
 11. What is the maximum height the applicant will work up to? ___ft.
 12. Does/Will the applicant work on trees in any capacity? YES___ NO___
If YES, please explain _____
 13. Does/Will the applicant work with ladders, cherry pickers or any other lift devices or cranes? YES___ NO___
If YES, please explain _____
 14. Are ladders regularly inspected & replaced as they show wear? YES___ NO___
 15. Does/Will the applicant perform work more than 3 feet below grade level? YES___ NO___
 16. Does/Will the applicant use scaffolding in the course of their job operations? YES___ NO___
If YES, please explain what safety measures are established to assure safe use _____
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CONTINUED

Workers' Compensation Questions

Please provide a listing & description of the applicant's last 3 jobs:

- 1. _____
- 2. _____
- 3. _____

Please provide a listing of contractor's equipment the applicant uses:

_____	_____
_____	_____
_____	_____

- 1. Does the applicant currently have Workers' Compensation coverage in force? YES___ NO___
If YES, who is the current Carrier? _____
- 2. Has the applicant been cited for any OSHA or safety violations in the past 7 years? YES___ NO___
If YES, please explain _____
- 3. Are drug & Alcohol policies in place & enforced? YES___ NO___
- 4. Are MVR's checked at least annually for ALL employees doing any driving? YES___ NO___
- 5. Is there a formal or informal safety policy in effect? YES___ NO___
- 6. Do you have a copy of a recent Workers' Compensation Audit? YES___ NO___
If YES, please provide same to ASIA
- 7. Can/Will the applicant enforce use of panel Providers? YES___ NO___
- 8. Will the applicant participate in Light Duty (Early Return To Work) programs? YES___ NO___
- 9. Does the applicant have any prior claims &/or knowledge of potential claims from their operations?
YES___ NO___ (please attach currently valued hard copy loss runs valued within 90 days)

Signature (Person Completing Form)

Date

Printed Name