



ASSOCIATED SPECIALTY INSURANCE AGENCY, INC.

*The Workers' Compensation Specialist for Brokers and Agents*

## **ARTISAN CONTRACTOR SUPPLEMENTAL APPLICATION**

### **General Questions**

1. Name of applicant:
2. FEIN:
3. Contact person & phone number:
4. Web Site and/or E-Mail Address:
5. How many years operating under the current business name?
6. Years of trade experience:
7. Radius of operations:

### **Operational Questions**

1. Detailed description of operations AND services provided:
2. Percentage of Residential work \_\_\_\_% and Commercial work \_\_\_\_%
3. Percentage of work the applicant subcontracts out \_\_\_\_%
4. Are Certificates of Insurance required of ALL subcontractors? YES\_\_\_ NO\_\_\_
5. Does/Will the applicant use casual or day laborers? YES\_\_\_ NO\_\_\_
6. Does the applicant provide Personal Protective Equipment (PPE) to their employees? YES\_\_\_ NO\_\_\_

### **Underwriting Questions**

1. What is the percentage of Interior work \_\_\_\_% Exterior work \_\_\_\_%
  - a. Maximum Interior HEIGHT worked \_\_\_\_ft
  - b. Maximum Exterior HEIGHT worked \_\_\_\_ft
2. If any work is performed above 20ft, the following information is required:
  - a. How often is work performed above 20ft? \_\_\_\_\_
  - b. What type of work is being done above 20ft? \_\_\_\_\_
  - c. Is work performed above 20ft self-performed or subcontracted out? \_\_\_\_\_
  - d. What safety controls are in place for work self-performed over 20ft? \_\_\_\_\_
3. Does/Will the applicant perform any roofing, siding, window or gutter work, excluding work subcontracted to others? YES\_\_\_ NO\_\_\_
4. Does/Will the applicant work with ladders, scaffolding, cherry pickers or any other lift devices or cranes? YES\_\_\_ NO\_\_\_

If YES, please explain what safety measures are established to assure safe use:

---



ASSOCIATED SPECIALTY INSURANCE AGENCY, INC.  
*The Workers' Compensation Specialist for Brokers and Agents*

## ARTISAN CONTRACTOR SUPPLEMENTAL APPLICATION

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? \_\_\_\_\_  
If NO, please explain (unless a new venture) \_\_\_\_\_
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\_\_\_

\_\_\_\_\_  
Signature (Person Completing Form)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name