

- ☐ Western World Insurance Company  
☐ Tudor Insurance Company  
☐ Stratford Insurance Company

**Application  
For  
Artisan Contractors**



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1. Business Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Web Site Address: \_\_\_\_\_
2. Year(s) in business under this name: \_\_\_\_\_ Time at this address: \_\_\_\_\_
3. Year(s) of experience in this field: \_\_\_\_\_ License class/number: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Contact Telephone: \_\_\_\_\_
4. Do you allow your license to be used by others to obtain a permit without your supervision on the job site? Yes No
5. Area of Operations (county/state): \_\_\_\_\_
6. Percent of work as an Artisan contractor? \_\_\_\_\_ %
7. Percent of your work as a subcontractor? (working for General Contractor/Developer) \_\_\_\_\_ %
8. Limits of Liability requested: \$ \_\_\_\_\_
9. Gross receipts for prior policy period: \$ \_\_\_\_\_
10. Gross receipts anticipated for this policy period: \$ \_\_\_\_\_
11. Number of active owners (except those exclusively in clerical or sales): \_\_\_\_\_
12. Show percent of work performed in: (Reading across, each line – a, b & c – should total 100%)  
a. \_\_\_\_\_ New Construction \_\_\_\_\_ Remodeling \_\_\_\_\_ Demolition \_\_\_\_\_ Repair =100%  
b. \_\_\_\_\_ Commercial \_\_\_\_\_ Industrial \_\_\_\_\_ Residential \_\_\_\_\_ Institutional =100%  
c. \_\_\_\_\_ Rural \_\_\_\_\_ Suburbs \_\_\_\_\_ Urban =100%
13. 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): \_\_\_\_\_
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14. Do you plan on working or are you working on any condominiums, town houses, or tract homes? Yes No  
If yes, specify number, location and job description: \_\_\_\_\_
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15. Have you worked in any of the following states:  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA) Yes No  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
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16. Do you plan on working in or are you working in any of the following states: Yes No  
(AK, AZ, CA, CO, HI, ID, MN, NV, NM, OR, SC, UT, WA)  
If yes, indicate which one(s) and provide specific information on each job: \_\_\_\_\_
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17. Do you use any subcontractors? Yes No (If yes, complete questions 18, 19, and 20.)
18. Annual subcontracted cost (labor and material): \$ \_\_\_\_\_  
(Include cost of all material provided by you, a sub, an owner or a bank.)

19. Does applicant normally employ the same subcontractors? Yes No  
Provide a list of major subcontractors used. (Attach page if more space is needed.) \_\_\_\_\_
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20. Do **all** subs provide Certificates of Insurance? Yes No  
Limits required of your subcontractors: \$ \_\_\_\_\_ Occurrence \$ \_\_\_\_\_ Aggregate \_\_\_\_\_  
Is the applicant an Additional Insured on all subcontractor's policies? Yes No  
Do **all** subcontractors "Hold you harmless"? Yes No  
Does the applicant keep copies of all certificates? \_ Yes \_ No  
How long are they kept? \_\_\_\_\_  
Explain any "No" responses to question 13. \_\_\_\_\_

Attach sample copy of agreements with subcontractors (subcontractor agreements, additional insured's and their interest and any hold harmless wording).

21. Do you frame residential dwellings? Yes No If yes, how many over the past 2 years? \_\_\_\_\_  
How many anticipated for the coming 12 months? \_\_\_\_\_
22. Do you have any real estate development property? Yes No  
If yes, how many acres and what is to be developed? \_\_\_\_\_
23. Any foundation work? Yes No
24. Do you do roofing? Yes No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %  
Do you do re-roofing? Yes No Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %
25. Do you use or have you used synthetic stucco (EIFS)? \_ Yes No
26. Any lead, asbestos, mold or radon removal or remediation? Yes No
27. If excavating work do you use "Dig Safe" or a similar method of contacting utilities prior to digging? \_ Yes No
28. Number of employees in the following classes: (other than owners, partners & clerical)
- | Classification or Trade | # of Employees | Payroll |
|-------------------------|----------------|---------|
| a) _____                | _____          | _____   |
| b) _____                | _____          | _____   |
| c) _____                | _____          | _____   |
29. Describe the typical project your company is involved in: \_\_\_\_\_

30. During the past 3 years has any company ever cancelled, declined or refused to issue similar insurance to applicant? Yes ☐ No ☐  
If yes, please explain: \_\_\_\_\_
31. Previous Insurer: (If none check here.) ☐ Indicate premium and losses for the past three years. Describe all losses.

Year	Company	Policy No.	Premium	Losses Paid	Losses Reserved	Description

The above 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.

Signature of Applicant:\* \_\_\_\_\_ Title (Officer, Partner): \_\_\_\_\_  
Date \_\_\_\_\_

**\* Signing this questionnaire does not bind the applicant to accept or the insurer to provide the insurance.**