

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

Supplemental
Application
For
Artisan Contractors

1. Business Name: _____
2. Year(s) in business under this name: _____ Time at this address: _____
3. Year(s) of experience in this field: _____ License class/number: _____
4. Area of Operations (county/state): _____
5. Percent of work as an Artisan contractor? _____ %
6. Percent of your work as a subcontractor? (working for General Contractor/Developer) _____ %
7. Limits of Liability requested: \$ _____
8. Gross receipts for prior policy period: \$ _____
9. Gross receipts anticipated for this policy period: \$ _____
10. Number of active owners (except those exclusively in clerical or sales): _____
11. 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%
12. 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), and location(s) _____

13. Do you use any subcontractors? Yes No **(If yes, complete Application A-60)**
14. Do you frame residential dwellings? Yes No If yes, how many over the past 2 years? _____
How many anticipated for the coming 12 months? _____
15. Do you have any real estate development property? Yes No
If yes, how many acres and what is to be developed? _____
16. Any foundation work? Yes No
17. Do you do roofing? Commercial _____ % Residential _____ %
Do you do re-roofing? Commercial _____ % Residential _____ %
18. Do you use or have you used synthetic stucco (EIFS)? Yes No
19. Any lead, asbestos, mold or radon removal or remediation? Yes No
20. If excavating work do you use "Dig Safe" or a similar method of contacting utilities prior to digging? Yes No
21. Number of employees in the following classes: (other than owners, partners & clerical)

ISO Class	# of Employees	Payroll
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____
22. Describe the typical project your company is involved in: _____

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.**