



COLONIAL GENERAL INSURANCE AGENCY, INC.

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ARTISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Complete in addition to the ACORD Application

1. Name of the Applicant: _____ # of owners? _____
(Complete one questionnaire for each named insured/for each risk) # of Employees? _____

2. Applicant(s) will operate in the following states: _____

3. A. Are you a: (Mark all that apply)

- | | |
|----------------------|-------------------------|
| Developer | General Contractor |
| Construction Manager | Construction Consultant |
| Subcontractor | |

B. Number of years of experience you have in this type of work: _____

C. Have you acted in the capacity of a General Contractor in the past,
or ever held a General Contractors license? Yes No

D. License Number _____

4. Describe your area of specialization: _____

5. Are You a: (Select Yes or No)

- | | | |
|--|-----|----|
| A. Residential Remodeling Contractor? | Yes | No |
| B. Commercial Tenants Improvements and Betterments Contractor? | Yes | No |
| C. Fire / Water Damage Restoration Contractor? | Yes | No |

6. If you answered YES to any of Number 5, then:

A. Do you do additions to building? Yes No

If YES to 6A, please provide details: _____

B. Is your work interior work only? Yes No

7. List all ACTIVE OWNERS, PARTNERS, OFFICERS and their JOB RESPONSIBILITIES

Individuals	Responsibilities
_____	_____
_____	_____
_____	_____

Are any of the above employed supervisors or foremen (who are strictly supervisors)? Yes No

Are any of the above qualified by education or are any licensed as an Architect, Engineer,
Surveyor or Real Estate Agent or Broker? Yes No

If YES, please explain: _____

8. A. Number of Employees: _____
 B. Employee Payroll (excluding owners/partners/officers): \$ _____

9. Have you or are you planning to work on any of the following construction projects?

- | | <u>NEW</u> | <u>REMODEL</u> |
|-------------------------|------------|----------------|
| A. Apartments | | |
| B. Condominiums | | |
| C. Townhomes | | |
| D. Tract Houses | | |
| E. Spec Homes | | |
| F. Custom Homes | | |
| G. Airport Hangars | | |
| H. Industrial Building | | |
| I. Mercantile Buildings | | |
| J. Commercial | | |
| K. Parking Structures | | |

10. For the Classifications below, enter either your employee payroll or the amount of subcontracted costs including materials. Include for all class codes that apply.

<u>Class</u>	<u>Sub Cost</u>	<u>Payroll</u>
Air Conditioning Installation, Service or Repair	_____	_____
Alarm System Install, Service or Repair	_____	_____
Caisson or Cofferdam Work	_____	_____
Carpentry-residential less than 3 stories	_____	_____
Carpentry-Interior	_____	_____
Carpentry-Other	_____	_____
Chimney Cleaning	_____	_____
Concrete Construction-Flat Work	_____	_____
Concrete Construction-Other than Flat Work	_____	_____
Debris Removal	_____	_____
Drywall or Wallboard Installation	_____	_____
Electrical Work-within buildings	_____	_____
Electrical Work-other	_____	_____
Excavation	_____	_____
Fence Erection	_____	_____
Fireproofing	_____	_____
Floor Covering Installation-not ceramic, tile or wood	_____	_____
Floor Covering Installation-other	_____	_____
Grading of Land	_____	_____
Heating, Vacuum or Air Conditioning Install, Service or Repair	_____	_____
Insulation Installation	_____	_____
Janitorial Work	_____	_____
Landscaping	_____	_____
Masonry Work	_____	_____
Painting-Exterior	_____	_____
Painting-Interior	_____	_____
Plumbing-Residential	_____	_____
Plumbing-Commercial	_____	_____
(continued on next page)		

<u>Class</u>	<u>Sub Cost</u>	<u>Payroll</u>
Roofing-Residential (Complete Roofing Supplement)	_____	_____
Roofing-Commercial (Complete Roofing Supplement)	_____	_____
Sewer Main Construction	_____	_____
Siding Installation	_____	_____
Street or Road Construction	_____	_____
Street or Road Paving or Repaving	_____	_____
Swimming Pool Installation, Service or Repair-below ground	_____	_____
Tree Trimming or Pruning	_____	_____
Water Main Construction	_____	_____
Waterproofing	_____	_____
Window Cleaning	_____	_____
Wrecking of Buildings or Structures	_____	_____
Other: _____	_____	_____
Total	_____	_____

11. Show Gross Sales Figures for the prior 4 years and indicate what the Gross Sales will be in the upcoming 12 months.

4th Prior Year	\$ _____
3rd Prior Year	\$ _____
2nd Prior Year	\$ _____
Last Year	\$ _____
This Year	\$ _____

12. Do you use any of the following: (Mark all that apply)

Casual Labor?	Cranes?
Leased Employees?	Rented Equipment?
Subcontractors?	Explosives?

If YES to any of Question 12, please explain. _____

13. Do you carry Workers Compensation Insurance for your employees? Yes No

14. If you use subcontractors, do you require them to provide you certificates of insurance naming you additional insured? Yes No

What limits of insurance do you require your subcontractors to carry? _____

15. Do you have knowledge of any occurrence that might give rise to a claim? Yes No

If YES, please explain: _____

16. How many fire extinguishers do you keep at your work premises? _____

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with the intent to defraud or knowing that he/she 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.

Applicant Signature

Date

Agent's Email Address _____ Preferred Method of Correspondence? Email Fax Regular Mail

Applicant's Email Address _____ Preferred Method of Correspondence? Email Fax Regular Mail