



**Blackmoor General Insurance Agency**  
**Ph: 267-495-2361 • Fax: 267-495-2400 • Email: quote@blackmooragency.com**

## ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION

1. APPLICANT INFORMATION EFFECTIVE DATE: \_\_\_\_\_
- NAME: \_\_\_\_\_
- STREET ADDRESS: \_\_\_\_\_
- CITY, STATE, ZIP: \_\_\_\_\_
- TELEPHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_
- TERM: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_ NEW VENTURE:  YES  NO
2.  INDIVIDUAL  CORPORATION  PARTNERSHIP  OTHER (EXPLAIN) \_\_\_\_\_
3. GROSS RECEIPTS FOR PRIOR POLICY PERIOD \$ \_\_\_\_\_ GROSS RECEIPTS ANTICIPATED FOR THIS POLICY \$ \_\_\_\_\_
4. YEARS OF EXPERIENCE IN THIS FIELD \_\_\_\_\_ LICENSE CLASS/NUMBER \_\_\_\_\_
5. NUMBER OF ACTIVE OWNERS (EXCEPT THOSE EXCLUSIVELY IN CLERICAL OR SALES) \_\_\_\_\_
6. PERCENT OF WORK:
- AS AN ARTISAN CONTRACTOR \_\_\_\_\_% AS A SUBCONTRACTOR FOR ANOTHER \_\_\_\_\_% CONSTRUCTION MGR \_\_\_\_\_%
7. ANY WORK PERFORMED ABOVE THREE (3) STORIES IN HEIGHT?  YES  NO
8. ANY WORK PERFORMED BELOW GRADE?  YES  NO
- a. IF YES, MAXIMUM DEPTH \_\_\_\_\_ FT. \_\_\_\_\_% OF TOTAL WORK
9. IF EXCAVATING WORK DO YOU USE "DIG SAFE" OR A SIMILAR METHOD OF CONTACTING UTILITIES PRIOR TO DIGGING?  
 \_\_\_\_\_
10. DO YOU WORK IN ANY OF THE (5) FIVE BOROUGHES OF NEW YORK?  YES  NO
11. PERCENT OF WORK PERFORMED IN:
- |                          |                    |                     |                       |        |
|--------------------------|--------------------|---------------------|-----------------------|--------|
| _____ % NEW CONSTRUCTION | _____ % REMODELING | _____ % DEMOLITION  | _____ % REPAIR        | = 100% |
| _____ % COMMERCIAL       | _____ % INDUSTRIAL | _____ % RESIDENTIAL | _____ % INSTITUTIONAL | = 100% |
| _____ % RURAL            | _____ % SUBURBS    | _____ % URBAN       |                       | = 100% |
12. HAVE YOU WORKED ON ANY CONDOMINIUMS, TOWN HOUSES OR TRACT HOMES IN THE PAST 5 YEARS?  YES  NO
- IF YES, SPECIFY YEARS, NUMBERS, AND LOCATIONS \_\_\_\_\_
13. DO YOU USE ANY SUBCONTRACTORS  YES  NO
- a. IF YES, WHAT IS ANNUAL COSTS TO SUBCONTRACTORS \_\_\_\_\_%
- b. IF YES, IS APPLICANT NAMED AS ADDITIONAL INSURED ON THE GL POLICY OF EACH SUBCONTRACTOR?  YES  NO
- c. IF YES, ARE CERTIFICATES OF INSURANCE REQUIRED AS PROOF OF COVERAGE?  YES  NO
14. DO YOU FRAME RESIDENTIAL DWELLINGS?  YES  NO
- HOW MANY OVER THE PAST 2 YEARS? \_\_\_\_\_ HOW MANY ANTICIPATED IN 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. ANY VACANT LAND IF YES, NUMBER OF ACRES \_\_\_\_\_  YES  NO
18. HAS OR WILL THE APPLICANT EVER BE INVOLVED IN THE CONSTRUCTION OF TRACT HOUSING, APARTMENT, CONDOMINIUMS OR TOWN-HOUSES?  YES  NO
19. DO YOU DO ROOFING? COMMERCIAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_%  YES  NO  
 DO YOU DO RE-ROOFING? COMMERCIAL \_\_\_\_\_% RESIDENTIAL \_\_\_\_\_%  YES  NO
20. DO YOU USE OR HAVE YOU USED SYNTHETIC STUCCO (EIFS or DRYVIT)?  YES  NO
21. DOES INSURED USE ANY TYPE OF SCAFFOLDING OR LIFTS?  YES  NO  
 a. IS SCAFFOLDING  OWNED  RENTED  LEASED  
 b. IS THE SCAFFOLDING LEFT ON THE JOB-SITE FOR USE BY OTHERS  YES  NO  
 c. DOES APPLICANT USE ANY OF THE FOLLOWING EQUIPMENT  
 SCISSOR LIFT  AERIAL LIFT  ARTICULATING BOOM LIFTS  CRANES  CHERRY PICKER
22. ANY LEAD, ASBESTOS, MOLD OR RADON REMOVAL OR REMEDIATION?  YES  NO
23. LIST ISO PAYROLL AND SUBCONTRACTING COSTS FOR EACH CLASSIFICATION ANNUALLY:

CLASSIFICATION	PAY ROLL	SUB COSTS	CLASSIFICATION	PAY ROLL	SUB COSTS	CLASSIFICATION	PAY ROLL	SUB COSTS
Carpentry Exterior < 3 Stories (Residential)			Door/Window Installation			Concrete Foundation		
Carpentry - Interior			Driveway/Parking Lot Paving			Retaining Walls)		
Carpentry NOC Commercial			Drywall			Drilling		
Electrical - w/in Buildings			Electrical Apparatus Install			Earthquake Reinforcement		
HVAC			Electrical Contractors			Excavating		
Landscape Gardening			Executive Supervisors			Fireproofing		
Masonry			Floor Covering Installation			Handyperson		
Painting Exterior <3= Stories			Furniture/Fixture Installation			Insulation		
Painting - Interior			Home Furnishing Installation			Interior Demolition		
Plumbing - Commercial			Interior Decorators			Exterior Plastering/Stucco		
Plumbing - Residential			Painting - Shop Only			Power Line Or Pole Work		
Tile Or Marble Work			Paperhanging			Process Piping		
Tree Pruning			Plastering- Interior			Roofing		
Air Conditioning Systems			Sign Painting - Exterior			Siding Installation		
Cable Installation			Sign Painting - Interior			Steel - Ornamental		
Carpentry Shop Only			Truckers - Household Goods			Steel - Structural		
Carpet/Rug/Furniture Cleaning			Upholstering			Underground Storage Tanks		
Ceiling Wall Installation - Metal			Window Cleaning			Waterproofing		
						Other:		

24. APPLICANT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
25. PRODUCER NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_