

**Scottsdale Insurance Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Surplus Lines Insurance Company**  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**Scottsdale Indemnity Company**  
 Home Office: One Nationwide Plaza  
 Columbus, Ohio 43215  
 Adm. Office: 8877 North Gainey Center Drive  
 Scottsdale, Arizona 85258

**ARTISAN CONTRACTORS SUPPLEMENTAL APPLICATION**

(Complete in addition to ACORD General Liability Application)

Applicant's Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 \_\_\_\_\_

Agency Name: \_\_\_\_\_  
 \_\_\_\_\_  
 Agent No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE: From \_\_\_\_\_ To \_\_\_\_\_ 12:01 A.M., Standard Time at the address of the Applicant**

ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE "NOT APPLICABLE" (N/A)

**1. Applicant Operations:**

- a. States/Areas of Operations: \_\_\_\_\_
- b. Any operations in Puerto Rico?.....  Yes  No
- c. Describe all operations in detail: \_\_\_\_\_
- d. Length of time in business operating under the name shown above: \_\_\_\_\_ years or  new venture
- e. If new venture, describe any formal training or applicable prior work experience: \_\_\_\_\_
- f. Number of Owner/Partners/Officers: .....
- g. Number of Trade Employees: .....
- h. Total Payroll: ..... \$ \_\_\_\_\_

(The state minimum payroll of at least one Owner/Partner/Officer must be included in the payroll estimate at policy issuance.)

Show by Trade:		Operation is (% of each):		Type of Work:	
Trade: _____	Payroll \$ _____	General Contractor	____ %	Residential/New	____ %
Trade: _____	Payroll \$ _____	Artisan Contractor	____ %	Residential/Remodeling	____ %
Trade: _____	Payroll \$ _____	Subcontractor	____ %	Condos/Townhouses	____ %
Other: _____		<b>Total</b>	<b>100%</b>	Commercial	____ %
				Industrial	____ %
				Apartments	____ %
				<b>Total</b>	<b>100%</b>



i. Subcontracted work (include cost of labor and materials):

Uninsured Subcontractors: Total Cost: ..... \$ \_\_\_\_\_

Insured Subcontractors: Total Cost: ..... \$ \_\_\_\_\_

Payroll: ..... \$ \_\_\_\_\_

j. Is applicant licensed? .....  Yes  No

If yes, type of license and number: \_\_\_\_\_ Year license issued: \_\_\_\_\_

Has applicant operated or been licensed under any other name(s) during the past ten (10) years? ..  Yes  No

If yes, provide prior name(s) and describe type of operations: \_\_\_\_\_

**2. Receipts/Sales:**

Current Year: ..... \$ \_\_\_\_\_

Previous Year: ..... \$ \_\_\_\_\_

Two Years Ago: ..... \$ \_\_\_\_\_

**3. Describe equipment used in operations:** \_\_\_\_\_

Cranes/Cherry Pickers/Lifts—Maximum height: \_\_\_\_\_

**4. List three current or planned projects:**

Customer Name and Project Description	Cost of Project	Duration of Project
a.	\$	
b.	\$	
c.	\$	

**5. List five largest jobs in the last three years:**

Customer Name, Project Description and Location	Cost of Project	Start Date	End Date
a.	\$		
b.	\$		
c.	\$		
d.	\$		
e.	\$		

**6. Indicate percentage of total operations performed by applicant or subcontractors for the following:**

Airport	%	Chemical plant	%	Electrical fence	%
Ammonia refrigeration system	%	Conveyer	%	Excavating	%
Asbestos removal	%	Crane	%	Farm equipment repair	%
Automatic/Power door	%	Cooking exhaust/vent/hood (cleaning)	%	Fire suppression system	%
Blasting	%	Demolition	%	Fire/Water restoration	%

Boilers (commercial)	%	Design	%	Fireplace insert	%
Boilers (residential)	%	Drilling	%	Foundation construction	%
Bridge work	%	Earthquake retrofitting/ reinforcing	%	Foundation repair	%
Framing (residential)	%	Oil/Gas field	%	Sand/Gravel	%
Grain elevator	%	Oil/Gas plant	%	Siding	%
Hazardous waste	%	Over the hole	%	Soil stabilization	%
Home inspection	%	Pile driving	%	Soil testing	%
Hydraulic fracturing/ hydrofracking	%	Prison	%	Surveying	%
LPG (percent of receipts)	%	Railroad	%	Trailer hitch	%
Marina	%	Refinery	%	Underpinning	%
Maritime USL&H	%	Residential home (new construction)	%	Waterproofing	%
Mining	%	Roofing	%	Wood/Pellet stove installation	%
Mold/Spore treatment or remediation	%	Sand blasting	%	Work on rooftops (other than roofing)	%

7. **Has applicant acted in the capacity of a General Contractor in the past?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

8. **Any past or current operations on new condominiums or townhouses/townhomes?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

9. **Any operations for condominiums or townhouses for the following trades—Carpentry (Framing); Concrete construction; Door or window installation; Exterior paint?** .....  Yes  No

If yes, describe type of operations: \_\_\_\_\_

10. **Any stucco operations for condominiums, townhouses and/or apartments?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

11. **Any carpentry or framing operations exceeding twelve (12) new homes per year?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

12. **Any past or current operations on apartment to condominium or townhouse conversions or industrial building conversions to residential condos or lofts?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

13. **Any past or current operations as a house flipper?** .....  Yes  No

If yes, provide details: \_\_\_\_\_

14. Any work on hillsides/slopes over fifteen percent (15%) grade?  Yes  No  
 If yes, percentage of operations: \_\_\_\_\_ %

15. Any work at landfills?  Yes  No  
 If yes, percentage of operations: \_\_\_\_\_ %

16. Any work performed above two stories in height from grade?  Yes  No  
 Maximum number of stories: \_\_\_\_\_

17. Is scaffolding owned, rented or erected? \_\_\_\_\_  
 Are other contractors at job site allowed to use it?  Yes  No

18. List the subcontracted trades used and the percentage of total operations:

Carpentry	%	/	%	/	%	/	%
Plumbing	%	/	%	/	%	/	%
Electrical	%	/	%	/	%	/	%
Heating/Air	%	/	%	/	%	/	%

19. Liability Controls:

a. Does applicant use a written contract with customers?  Yes  No  
 If no, explain when not required: \_\_\_\_\_

b. Does applicant use a written contract with subcontractors?  Yes  No  
 If no, explain when not required: \_\_\_\_\_

c. Do applicant's contracts contain a hold harmless agreement in applicant's favor?  Yes  No

d. Does applicant obtain certificates of insurance from all subcontractors?  Yes  No  
 If yes, minimum limits required: \_\_\_\_\_ \$

e. Is applicant added as an additional insured on the subcontractors' liability policies?  Yes  No

f. Does applicant have Workers' Compensation coverage in force?  Yes  No

g. Does applicant provide architectural or engineering design services?  Yes  No  
 If yes, explain: \_\_\_\_\_

Does applicant carry Errors & Omissions coverage for these services?  Yes  No

h. Is applicant a construction/project manager or consultant?  Yes  No

i. Has applicant been involved in any claims involving construction defects?  Yes  No  
 If yes, explain: \_\_\_\_\_

20. Electronic Data Liability limit:

None  \$10,000  \$25,000  \$50,000  \$100,000

21. Any past or present EIFS (synthetic stucco) operations for commercial or residential construction?  Yes  No

If yes, advise: \_\_\_\_\_

22. Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?  Yes  No

If yes, provide details: \_\_\_\_\_

23. Does risk engage in the generation of power, other than emergency backup power, for their own use or sale to power companies? .....  Yes  No  
 If yes, describe: \_\_\_\_\_

24. Does applicant have other business ventures for which coverage is not requested?.....  Yes  No  
 If yes, explain and advise where insured: \_\_\_\_\_

**California risks only:**

- 25. Number of homes contemplating new residential work within the next twelve (12) months:..... \_\_\_\_\_
- 26. Number of homes with work planned in any one development or new construction phase:..... \_\_\_\_\_
- 27. What are the sales generated from new residential operations?.....\$ \_\_\_\_\_
- 28. Number of homes with new residential work in the last five years:..... \_\_\_\_\_

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. (Not applicable in AL, CO, DC, FL, KS, LA, ME, MD, MN, NE, NY, OH, OK, OR, RI, TN, VA, VT or WA.)

**NOTICE TO ALABAMA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

**NOTICE TO COLORADO APPLICANTS:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policy holder or claimant for the purpose of defrauding or attempting to defraud the policy holder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

**WARNING TO DISTRICT OF COLUMBIA APPLICANTS:** It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he 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.

**NOTICE TO OKLAHOMA APPLICANTS:** Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO RHODE ISLAND APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**FRAUD WARNING (APPLICABLE IN VERMONT, NEBRASKA AND OREGON):** Any person who intentionally presents a materially false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

**FRAUD WARNING (APPLICABLE IN TENNESSEE, VIRGINIA AND WASHINGTON):** It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

**NEW YORK FRAUD WARNING:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

**APPLICANT'S STATEMENT:**

I have read the above application and I declare that to the best of my knowledge and belief all of the foregoing statements are true, and that these statements are offered as an inducement to us to issue the policy for which I am applying. (Kansas: This does not constitute a warranty.)

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Must be signed by an active owner, partner or executive officer)

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

AGENT NAME: \_\_\_\_\_ AGENT LICENSE NUMBER: \_\_\_\_\_  
(Applicable to Florida Agents Only)

IOWA LICENSED AGENT: \_\_\_\_\_  
(Applicable in Iowa Only)

**IMPORTANT NOTICE**

As part of our underwriting procedure, a routine inquiry may be made to obtain applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to the nature and scope of the report, if one is made, will be provided.