

Roush Insurance Services, Inc.
PO Box 1060, Noblesville IN 46061-1060
Ph: (800) 752-8402 Fax: (317) 776-6891
Email: quote@roushins.com
Applications available at www.roushins.com

Agency _____ Code _____
 Producer _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Artisan Contractors General Liability Application

Proposed Dates: From _____ to _____

Applicant Name _____ Inspection Contact _____
 DBA _____ Inspection Contact Phone Number _____
 Mailing Address _____ Location Address _____
 City _____ State _____ Zip _____ City _____ State _____ Zip _____
 Phone: Day _____ Evening _____ Website _____

Individual Partnership Joint Venture Trust LLC Corp or Other Organization: _____

Business Description _____
 Length of Time in Business/Experience _____ yrs _____ mos New Venture? Yes No Non-Profit? Yes No
 Prior Carrier _____ Expiring Premium \$ _____ Lapse in Coverage? Yes No, Reason _____

Any Claims in Last Three Years? Yes No, Describe and Attach Loss Runs _____

Has any Company Cancelled or Refused Coverage to the Applicant? Yes No, Reason _____

Is applicant in Bankruptcy? Yes No, Describe _____

DESIRED LIMITS & COVERAGES (Please Note: Quotation may not conform to limits and coverages requested on application.)

LIABILITY LIMITS \$ _____ Per Occurrence / \$ _____ Aggregate

1. Applicant Operations:

- a. States/Areas of Operations: _____
- b. Describe all operations in detail: _____
- c. 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:

- a. Current Year: \$ _____
- b. Previous Year: \$ _____
- c. Two Years Ago:..... \$ _____
- d. Number of Owner/Partners/Officers: _____ e. Number of Trade Employees: _____
- f. Payroll Excluding Owners: \$ _____

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: _____		Total	100%	Commercial	_____ %
				Industrial	_____ %
				Total	100%

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

- a. Uninsured Subcontractors: Total Cost: \$ _____
- b. Insured Subcontractors: Total Cost: \$ _____
 Payroll: \$ _____
- c. Does applicant obtain certificates of insurance from all subcontractors? Yes No
 If yes, minimum limits required: \$ _____
- d. Is applicant added as an additional insured on the subcontractors' liability policies? Yes No
- e. List the **subcontracted trades used and the percentage of total operations:**

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

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

Airport/Aircraft	%	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)	%

***Complete Supplemental Roofing questionnaire for any heat application (hot tar, etc.).**

5. Describe equipment used in operations: _____

Cranes/Cherry Pickers/Lifts Yes No —Maximum height: _____

6. List three current or planned projects:

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

7. 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. _____ _____	\$		

8. Has applicant acted in the capacity of a General Contractor in the past? Yes No
 If yes, provide details: _____

9. Any past or current operations on new condominiums or townhouses/townhomes? Yes No
 If yes, provide details: _____

10. 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: _____

11. Any past or current operations as a house flipper? Yes No
 If yes, provide details: _____

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

13. Any work at landfills? Yes No
 If yes, percentage of operations: _____%

14. Any work performed above two stories in height from grade? Yes No
 Maximum number of stories: _____

15. 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 have Workers' Compensation coverage in force? Yes No

- e. Does applicant provide architectural or engineering design services?..... Yes No
 If yes, explain: _____
 Does applicant carry Errors & Omissions coverage for these services? Yes No
- f. Is applicant a construction/project manager or consultant? Yes No
- g. Has applicant been involved in any claims involving construction defects? Yes No
 If yes, explain: _____

16. **Any past or present EIFS (synthetic stucco) operations for commercial or residential construction?**..... Yes No
 If yes, advise: _____

17. **Are any operations insured elsewhere by an owner-controlled insurance program (OCIP), also referred to as wrap insurance?**..... Yes No
 If yes, provide details: _____

18. **Does risk engage in the generation of power, other than emergency back-up power, for their own use or sale to power companies?**..... Yes No
 If yes, describe: _____

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

Additional Insured _____ Interest _____
 Mailing Address _____ City _____ State _____ Zip _____
 Other Pertinent Information: _____

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.

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.

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.

APPLICANT'S NAME AND TITLE: _____

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

PRODUCER'S SIGNATURE: _____ DATE: _____

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.