Utica First Insurance Company
PO Box 851 , Utica, NY 13503-0851
Telephone 800-456-4556
www.uticafirst.com

Artisan Contractors Application

Applicant Information

Customer Name and Address

_____

_____

_____

_____

Phone: _____

Primary Email Address

_____

Premium: _____

Attach quote proposal to application

Common Eligibility Questions (Answer Yes/No)

Does the insured employ more than 10 full time employees – include owner as 1 full time? (2 part = 1 full time?) _____

Does the insured work higher than 3 stories outside? _____

Are the insured's gross annual sales greater than $2,500,000? _____

Does the insured subcontract out more than 25% of their total operations to others? _____

Does the insured perform any roof repairs, re-roofs or tear-offs? _____

Does the insured perform any commercial snowplow, or snow/ice removal operations? _____

Loss History

How many losses in the last 3 years? _____

Total Amount of Losses Paid? _____

If there have been any losses in the prior 3 years, hard copy loss runs are required to bind.

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Artisan Contractor Application Questions

1. Who runs the business? _____
2. Contact name and phone number (for inspection purposes) _____
3. Number of years in business at this location? _____
4. List any location/business interest owned/operated by the insured but not listed _____

_____

5. If a retail store, does installation, service, or repair account for more than 25% of receipts? _____
6. Are there any bankruptcies, tax or credit liens against the applicant in the past five years?_____
7. Name of prior insurance carrier for this business? _____
8. Has any insurance carrier canceled, declined, or nonrenewed this risk in the past 3 years? _____

   If yes, explain: _____
9. Has insured conducted business under a DIFFERENT business name other than the one listed on this application in the past 3 years? _____

   If yes please provide name and type of operation_____
10. Does the insured hire day labor? _____

    If yes, how many people per day? _____

    If yes, how many days per year? _____

11. What percent of work does the insured subcontract out to others on an annual basis? % _____

    Example: You take a job to renovate a kitchen but you subcontract the plumbing work to someone else.
12. Does the insured perform work in commercial settings? _____

    If yes

a) What percentage of the insured's work is done in hospitals, schools, or government buildings? % _____

b) What percentage of the insured's is done in heavy commercial settings

   (i.e. manufacturing, industrial) ? % _____

c) What type of commercial settings does the insured perform work in? _____

   _____

13. Does the insured lease any equipment to others? _____
14. Where does the insured store their tools and equipment? _____

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15. Does the insured do any excavation or digging? _____

    If yes, what machinery is used and how deep are they digging? _____

    _____

16. Does the insured demolish whole buildings or structures? _____
17. Does the insured do any asbestos removal? _____
18. Does the insured do any structural work? _____
19. Does the insured sand or apply polyurethane to hardwood floors? _____
20. Does the insured do any snow removal at 1-4 family dwellings? _____

    (If yes) percent of annual work._____%

21. Does the insured do snow removal anywhere other than 1-4 family dwellings? _____

22. Indicate type of operation by percentage of work (should add to 100%) Total % _____

Air Conditioning/Heat:	_____ %	Appliance /Accessory:	_____ %	Cabinetry:	_____ %
Carpentry:	_____ %	Cleaning Carpets:	_____ %	Cleaning Res/Office:	_____ %
Doors and Windows:	_____ %	Driveway/Sidewalk:	_____ %	Drywall:	_____ %
Electrical:	_____ %	Exterior Painting:	_____ %	Fences:	_____ %
Flooring:	_____ %	Interior Painting:	_____ %	Landscaping:	_____ %
Mason: Brick/Block:	_____ %	Plaster/Stucco:	_____ %	Plumbing:	_____ %
Tile, Marble Work:	_____ %	Underground Services:	_____ %	Woodwork Furniture	_____ %
Other:	_____ %				

Answer any section below for any type of operations listed above

Air Conditioning/Heat (HVAC)

1. Does the insured do any commercial boiler installation or repair? _____
2. Does the insured install or fill propane tanks? _____

Appliance, Accessory Installation & Repair

1. Do the insured's operations include sales or delivery of any appliances? _____
2. What percentage of the insured's gross revenue is in sales/delivery of appliances? _____%

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Cabinetry (Build/Install)

1. Does the insured install cabinets? _____
2. Does the insured build cabinets? _____

(If yes) Does the insured build on site or does the insured have a shop? _____

3. If they have a shop, is the shop at their home or another location? _____
4. What method does the insured use to apply varnish or polyurethane? _____

Cleaning - Carpets & Rugs

1. Does the insured do any fire/flood/water restoration or cleanup? _____

Cleaning - Office and Residential

1. Does the insured do any cleanup of foreclosed properties? _____
2. Does the insured do any commercial construction clean up? _____
3. Does the insured do any floor buffing or waxing in a commercial environment? _____

Driveways/Parking Lots/Sidewalks (Flat Work)

1. Does the insured do any road work or curbing? _____
2. Does the insured do any commercial sidewalk installation or repair? _____

Electrical

1. Does the insured install or service any commercial security systems or burglar alarms? _____
2. Does the insured do any work on utility poles? _____
3. Does the insured install or service solar panels? _____

Fences

1. Does the insured install security fences (i.e. electric fences, electric gates)? _____

(If yes) What percent? _____%

Landscaping/Gardening

1. Does the insured remove or work on any trees over 15 feet in height? _____
2. Does the insured do any stump removal? _____
3. Does the insured apply any chemicals or fertilizers? _____

(If yes) What percent?%_____

(If yes) Does the insured use chemicals or fertilizers that require a permit or a license?_____

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Masonry (Brick/Block)

1. Does the insured build any new chimneys? _____
2. Does the insured do any chimney cleaning? _____

Painting Exterior/Interior

1. Does the insured do any commercial spray painting? _____
2. Does the insured do any paint removal with blow torch or heat gun? _____
3. Does the insured do any powerwashing? _____

(If yes) Is the powerwashing prep for painting work? _____

Plaster/Stucco

1. Does the insured do any EIFS work? _____

Plumbing

1. Does the insured do any commercial boiler work? _____
2. Does the insured do any work involving commercial sprinkler systems? _____

Underground Services

1. What type of underground work does the insured perform? _____
2. Does the insured and/or their employees do the excavation or digging? _____
3. What equipment are they using for the excavation or digging? _____

_____

4. How deep does the insured excavate/dig? _____

Woodworking in Furniture & Fixtures

1. Describe what the insured is building. _____
2. Does the insured build on site or have a shop? _____
3. If they have a shop is it at their home or another location? _____

Other

1. Describe any other operations the insured performs _____

_____

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Notice of Insurance Information Practices

Personal Information about you may be collected from persons other than you, such information as well as other personal and privileged information collected by our agents may in certain circumstances be disclosed to third parties without your authorization. You have the right to review your personal information in out files and can request correction of any inaccuracies. A more detailed description of your rights and our practices regarding such information is available upon request. Contact your agent or broker for instructions on how to submit a request to us.

Fraud Statements

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance 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 that person to criminal and civil penalties (In Oregon, the aforementioned actions may constitute a fraudulent insurance act which may be a crime and may subject the person to penalties). (In New York, the civil penalty is not to exceed five thousand dollars ($5,000) and the stated value of the claim for each such violation). (Not applicable in AL, AR, AZ, CO, DC, FL, KS, LA, ME, MD, MN, NM, OK, PR, RI, TN, VA, VT, WA and WV)

Applicable in AL, AR, AZ, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to fines or confinement in prison

Applicable in Florida and Oklahoma: 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 (In FL, a person is guilty of a felony of the third degree).

Applicable in Maine, 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 may include imprisonment, fines or a denial of insurance benefits

The undersigned is an authorized representative of the applicant and represents that a reasonable enquiry has been made to obtain the answer to the answers on this application. He/She represents that the answers are true, correct, and complete to the best of his/her knowledge.

_____ _____

Applicant's Signature Producer's Signature

_____

Date

The quotation requested should be considered an estimate and is subject to change based on changes in rates or any other item by jurisdictions that have control over such items.