

Agency: \_\_\_\_\_

### *Craftsman/Tradesman Application*

**Complete by attaching a copy of applicant's business card, yellow pages ad, letterhead or billing form.**

Applicant Name			Nature of Business / Operations Performed			
Street Address						
City	State	Zip Code	Size of Operation (Check one)			Give number
			_____ 1 Person _____ 2 Person _____ 3 Person			Other: _____
Contact Name & Phone Number for Inspection /Audit		Territory	Payroll of Owners/Officers \$		Payroll of Other Employees \$	
Proposed Effective Date	Business Type: <input type="checkbox"/> Corp. <input type="checkbox"/> LLC <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	Years in Business	Total Years Experience	States of Operation	Radius of Operation miles	

**Underwriting Questions**

Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?	*YES	NO	Do any operations include excavation, tunneling, underground work, or earth moving?	*YES	NO
Is a formal safety program in operation?			Does applicant lease or loan machinery/equipment to others with or without operators?		
Any exposure to flammables, explosives, chemicals?			Any exposure to radioactive/nuclear materials?		
Any other insurance with this company or being submitted?			Are there any past, present or discontinued operations that involve(d) storing, treating, discharging, applying, disposing, or transporting of hazardous material?		
Any catastrophe exposure?			Any operations sold/acquired, or discontinued in last 5 years?		
Does applicant draw plans, designs, or specifications?			Has the applicant filed bankruptcy within the past 5 years?		
Do any operations include blasting or utilize or store explosive material?					
Is the applicant licensed for any operations performed? If so, describe.					
*Explain ALL yes responses from questions above					
Are subcontractors' certificates of insurance kept current and on file?	YES	NO	% of work subcontracted:	Cost of subcontracted work	
			# of subcontractors used:	\$	
Are subcontractors required to carry limits equal to yours?			Describe work subcontracted:		
Applicant's website					

**Classification(s): List all classes of work performed**

Class Description	Class Code	% of Business	Check if Quoted	Check if Included

**Prior Carrier History**

Date (mm/yyyy – mm/yyyy), explain any breaks in coverage	Carrier	Limit	Premium
		\$	\$
		\$	\$
Any prior insurance with Mid-Continent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter the policy number here:			
Did any carrier: <input type="checkbox"/> Cancel <input type="checkbox"/> Non-renew <input type="checkbox"/> Decline If so, why?			

**Loss History – report a minimum of 3 years**

None – Check if no reported or known claims. Otherwise provide details below.

Date of Loss	Description of Loss	Status	Amount Incurred
		Opened <input type="checkbox"/> Closed <input type="checkbox"/>	
		Opened <input type="checkbox"/> Closed <input type="checkbox"/>	

**Additional Insureds, Limits, and Premiums**

Additional Named Insured(s) (Send COIs)	Additional Insured Premium	\$
Each Occurrence/General Aggregate	Total Premium	\$

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER 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 THE PERSON TO CRIMINAL AND CIVIL PENALTIES.

Applicant's Signature \_\_\_\_\_ Producer's Signature \_\_\_\_\_