Mt. Hawley Insurance Company Peoria, IL 61615

ARTISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE

Applicants Instruction:

- Answer all questions. If the answer to any question is NONE, please state NONE.
- Questionnaire must be signed and dated by owner, partner or officer.
- PLEASE CAREFULLY READ THE STATEMENTS AT THE END OF THIS QUESTIONNAIRE.

Ар	olicant's Name and Mailing Address	Producer Name and Address						
Bu	siness Telephone:	Phone Number:						
Со	ntractor's License No. Class:	Fax Number:						
Lo	cation of Premises (if different than Mailing:							
	pection Contact / Phone:	Website Address:						
Ар	olicant is: Individual: Partnership	Corporation	int Vent	ure [
1.	Fully describe all operations of the Applicant (ISO Class i	s insufficient.)						
-								
2.	How long in business? (If new in bus	iness, attach resume or statement of q	ualificat	ions.)				
3.						_		
	Does the Applicant purchase property for the purpose of r	enovation or resale?	YES	1	10			
4.	What percentage of work performed is (must total 100%):	Residential						
						0/		
		Commercial				<u>%</u> %		
		Industrial				%		
5.	What percentage of "RESIDENTIAL" work performed is (n	nust total 100%):						
		New Construction/Development				%		
	Structural Remod	deling/Addition on Existing Structures		%				
	Non-Structural Rer	model/Addition on Existing Structures				%		
6.	Has the Applicant ever been involved in new construction structures including, but not limited to, single family dwelling condominiums, townhomes, townhouses, or tract housing	ngs, apartment buildings,	YES		NO			
7.	Has the Applicant ever performed work for developers or construction or development of residential structures includwellings, apartments buildings, condominiums, townhom	ding, but not limited to, single family						
_	If "YES", please detail below.		YES	1	NO			

AR	TISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE		((contir	nued)
	WSR 200 (12/01) © Mt. Hawley Insurance Company Does the Applicant plan to be involved in new construction or development of residentia structures including, but not limited to, single family dwellings, apartment buildings, condominiums, townhomes, townhouses, or tract housing? If "YES", please detail below			ge 1	of 4
9.	Does the applicant do or plan to do any work for or endorsed by condominium or home associations? If "YES", please detail below.	owners' YES		NO	
10.	Do you now or have you ever done exterior stucco, plastering or exterior insulation finis systems (EFIS)? If "YES", please detail below.	h YES		NO	
11. 12.		YES		NO	
13.	(A) If Corporation, how many of active owners or officers: (B) Nu	umber of employe	es _		
14.	Projected Annual payroll (excluding Owners and Officers:\$ (A) Projected Gross Receipts:\$ (B) Amount of Subcontra				
15.					
16.	Percent of work subcontracted to others: % Please describe details of o				
17. 18.	Do you require and collect certificates from all subcontractors?	YES		NO	
19.	What limits of General Liability insurance do you require subcontractors to carry? Do you require to be named as an additional insured on all certificates?	YES		NO	

AR'	TISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE		(cor	itinued)
20.	(A) Have you allowed or will you ever allow your Contractors License to be used by any other contractor?(B) If "YES" did/will such use of your License by another contractor involve a project on which you yourself did/will NOT work?If the answer to either (A) or (B) is "YES", please detail below	YES YES	□ NC	

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21.	Indicate whether you or any of your subcontractors (while working for you) have ever been, are currently or will ever be involved in any removal or abatement of asbestos, lead, PCP's or other hazardous materials. If "YES", please detail below:	YES	NO	
22 .	Does any of the applicant's operation involve any Oil Field Work, Manufacturing, or Blasting, Roofing, Welding or Shop Operations? If "YES", please detail below:	YES	NO	
23.	Have you ever operated under any other business name or contractor's license number? If "YES", please detail below, providing exact name of business, date(s) of operations and/or			
	contractor's license number (use additional sheet if necessary):	YES	 NO	
24.	Prior Expiring Carrier Policy No. Premium Premium Prior Carrier Policy No. Premium Pre	um		
25.	Was any policy cancelled or non-renewed in the past three (3) years? If "YES", please detail below:	YES	NO	
26.	What is the exact expiration or cancellation date of your most recent General Liability policy?	. 20		
27 .	Have there been any losses in the past five (5) years? If "YES", please detail below, including dates, amounts paid or reserves and provide details of losses/claims, project name, date of loss, carrier handling claim, policy number and claim number:	YES	NO	
28 .	Is/are there presently any "open" claim(s) being handled by any prior carrier, regardless of age of claim? If "YES", please detail below, providing details of loss/claim, project name, date of loss, carrier handling claim, policy number and claim number:	YES	NO	

	VSR 200 (12/01) © Mt. Hawley Insurance Company Does applicant have any knowledge of any pre-existing act, omission, events, condition or		of 4		
d a	damages to any person or property that may potentially give rise to any future claim or legal action against the applicant. If "YES", please detail below:	YES		NO	
	APPLICANT'S STATEMENT				
1.	Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief AND				
2.	Applicant hereby acknowledges:				
	a. that this application including all statements, warranties and representations contain	ed herei	n will	be ma	ade
	a part of and incorporated into any policy issued based on same; and				
	that exclusions will apply to i. new residential construction				
	ii. operations not disclosed				
	iii. known injury or damage				
	, , ,				
-	Signature of Applicant Date				
	PRODUCER STATEMENTS				
The	e undersigned Broker/Agent acknowledges that no coverage is afforded under this application	until acc	epted	by th	е
Co	mpany and assumed full responsibility for any earned premium developed hereunder following				
C0	mpany.				
-	Signature of Producer Date				
	Signature of Froducer Date				

