



Business ◦ Personal ◦ Specialty Insurance

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Artisan/Trade Contractors Insurance Quote Form

This application must be completed by the Applicant or an Authorized Representative of the Applicant's Company.
All answers must be completed. At least 3 years currently valued loss runs are required to quote. Contact your current Agent for loss runs.

1. Applicant name: _____
2. Form of business: Individual Corporation Partnership LLC Other _____
3. Mailing address: _____
City: _____ State: _____ Zip: _____
4. Location address: _____ Same as mailing address
City: _____ State: _____ Zip: _____
5. Audit contact: _____ Phone number: _____
6. Web site address: _____ E-mail address: _____
7. Limit: \$100/\$200 \$300/\$300 \$300/\$600 \$500/\$500 \$500/\$1,000 \$1M/\$1M \$1M/\$2M
8. Projected annual sales: \$ _____
9. How long has the applicant been in business? _____
10. List all states where construction activity is planned: _____
11. Yes No For applicants located in CT, NJ or NY any work performed in Bronx, Brooklyn, Manhattan or Queens of NY?
12. Projected cost of subcontracted work (includes labor & materials) \$ _____
 - a. Yes No If subcontractors used, does the applicant require certificates of insurance evidencing general liability coverage?
 - b. Yes No Does the applicant have a written contract with subcontractors?
 - c. Yes No Do the applicants contracts contain a Hold Harmless Agreement in their favor?
 - d. Yes No Is the applicant listed as an additional insured on subcontractors' liability policy?
13. Yes No Add'l Info on Contractors and their Relationship: _____
Does the applicant have a written contract with customers?
14. Yes No Does the applicant have any past, present or future operations in Alaska, Colorado, Louisiana or West Virginia?
15. Yes No Does the applicant have any past allegations or claims involving construction defect(s)?
16. Yes No Has the applicant been in business for more than 12 months with no prior coverage?
17. Yes No Applicant ever, or will during policy term, be involved in any capacity construction of new apts, condos or tract homes?
18. Yes No Are there any past, pending or planned bankruptcy or judgment(s) for unpaid taxes against the named insured or any officer, partner, member or owner of the applicant individually within the past five years?
19. Does the applicant perform any of the following:
 - a. Yes No Wood floor sanding or refinishing?
 - b. Yes No Exterior operations in excess of 4 stories or above 50 feet from ground level?
 - c. Yes No Installation of overhead garage doors?
 - d. Yes No Alarm monitoring or security system installation, service, maintenance or repair work?
 - e. Yes No Rigging work or use of cranes?
 - f. Yes No Ice or snow treatment/removal services?
 - g. Yes No Fire, water, soot, mold, asbestos or any other type of property damage remediation?
 - h. Yes No Fire suppression or sprinkler work?
 - i. Yes No Work involving medical facilities, surgical facilities, nursing homes or assisted living facilities during policy term?
 - j. Yes No Boiler system installation, service or repair?
 - k. Yes No Work on foundations or chimneys?

- l. Yes No Waterproofing operation?
- m. Yes No Work on Hillsides, Slopes (over 15% grade) or Landfills?
- n. Yes No Demolition work (except incidental non-load bearing interior work)?
- o. Yes No Roofing work?
- p. Yes No Asbestos Removal?
- q. Yes No Mold and/or spore treatment remediation?
- r. Yes No Blasting or Drilling or Pile driving?
- s. Yes No Excavating?
- t. Yes No Provide architectural or engineering design services?
- u. Yes No Contract/project manager or consultant?
- v. Yes No Soil Testing?

20. Loss information for past three years : None

Year	# of Claims	Incurred Amounts	Description of Claim
		\$	
		\$	
		\$	

21. Describe the three largest jobs undertaken in the past three years:

Description	Location (City, State)	Cost	Duration
		\$	
		\$	
		\$	

22. List three current or planned projects/jobs:

Description	Location (City, State)	Cost	Duration
		\$	
		\$	
		\$	

23. Yes No Does applicant need to name an entity on a waiver of subrogation? If "Yes," provide below information:

Name	Address (Street, City, State, Zip Code)	Interest

24. Yes No Does the applicant need additional insured endorsements? If "Yes," provide below information:

Name	Address (Street, City, State, Zip Code)	Interest

25. Yes No Does the applicant carry Workers' Compensation Insurance?

26. Yes No Does the applicant carry Errors & Omissions Insurance?

27. Yes No Does the applicant currently carry General Liability Insurance?
Insurance Company Name: _____ Expiration Date: _____

28. Yes No Has applicant had insurance for this type of operation canceled, declined or non-renewed? If Yes, reason _____

Applicant's Warranty Statement: The undersigned represents to the best of his/her knowledge and belief the particulars and statements set forth are true and agree that those particulars and statements are material to the acceptance of the risk assumed by the Company. The undersigned further declares that any claim, incident or event taking place prior to the effective date of the insurance applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the applied for which may render inaccurate, untrue, or incomplete any statement made will immediately be reported in writing to the Company and the Company may withdraw or modify any outstanding quotations and/or authorization or agreement to bind the insurance. The signing of the Application does not bind the undersigned to purchase the insurance, nor does the review of the Application bind the Company to issue a policy. It is understood the Company is relying on the Application in the event the Policy is issued. It is agreed that this Application, including any material submitted therewith, shall be the basis of the contract should a policy be issued, and may be attached to and become part of the policy.

Virginia Notice: Statements in the application shall be deemed the insured's representations. A statement made in the application or in any affidavit made before or after a loss under the policy will not be deemed material or invalidate coverage unless it is clearly proven that such statement was material to the risk when assumed and was untrue.

Minnesota Notice: The clause "and/or authorization or agreement to bind the insurance." is replaced with "Authorization or agreement to bind the insurance may be withdrawn or modified based on changes to the information contained in this application prior to the effective date of the insurance applied for that may render inaccurate, untrue or incomplete any statement made with a minimum of 10 days notice given to the insured prior to the effective date of cancellation when the contract has been in effect for less than 90 days or is being canceled for nonpayment of premium.

Colorado Fraud Statement: 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 policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder 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.

District of Columbia Fraud Statement: WARNING: 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.

Florida Fraud Statement: You are agreeing to place coverage in the surplus lines market. Superior coverage may be available in the admitted market and at a lesser cost. Persons insured by surplus lines carriers are not protected under the Florida Insurance Guaranty Act with respect to any right of recovery for the obligation of an insolvent unlicensed insurer.

Kentucky Fraud Statement: 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.

Maine and Washington Fraud Statement: 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.

New Jersey Fraud Statement: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York Fraud Statement: 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.

Ohio Fraud Statement: 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.

Oklahoma Fraud Statement: WARNING: 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.

Pennsylvania Fraud Statement: 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.

Tennessee and Virginia Fraud Statement: 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.

Fraud Statement (All Other States): 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 may be guilty of a crime and may be subject to fines and confinement in prison.

Applicant's signature Title _____ Date _____
(Owner or Officer)