

**CALIFORNIA
Small Artisan Contractors
Application**



**GENERAL
INSURANCE
SERVICES**

(714) 389-2460 • FAX (714) 783-3291

License #0E72675

For Company Use Only Vect/GL 48	
AGENT INFORMATION	
Agency Code No.	
Agency Name	
Address	
City/State/Zip	
Phone	
Contact Person	

GENERAL INFORMATION

Individual Partnership Corporation

Applicant _____

Mailing Address _____

Location of Premises _____

Zip Code _____ County _____ Insured's Phone # _____ Insured Within Municipal City Limits? Yes No

Inspection Contact _____ Phone # _____ Cellular Phone # _____

Inspection Contact e-mail address _____

DESCRIBE TYPE OF WORK DONE BY APPLICANT—INCLUDE A DESCRIPTION OF THE MOST RECENTLY COMPLETED PROJECT:
→

UNDERWRITING INFORMATION – (Explain all YES responses)

No. Years in Business _____ No. Years Experience _____ (If less than 3 years, decline binding of coverage)

- | | | | |
|--|--|---|--|
| 1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?..... | Yes <input type="checkbox"/> No <input type="checkbox"/> | 4. Does the applicant lease equipment with/without operators?..... | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Any exposure to flammables, explosives, chemicals?..... | <input type="checkbox"/> <input type="checkbox"/> | 5. Any policy or coverage declined, cancelled or non-renewed during the prior 5 years? If yes, contact Company or General Agent, if applicable, for approval..... | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Does applicant draw plans, designs, specifications?..... | <input type="checkbox"/> <input type="checkbox"/> | | |

ELIGIBILITY REQUIREMENTS – If YES response to any of the following questions, decline binding of coverage

- | | | | |
|---|--|--|--|
| 1. Does applicant hold a General Contractors or Builders License? | Yes <input type="checkbox"/> No <input type="checkbox"/> | 9. Will applicant's annual gross receipts exceed \$1,000,000? Anticipated annual gross receipts? \$ | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Does applicant ever act in the capacity of a General Contractor or Builder?..... | <input type="checkbox"/> <input type="checkbox"/> | 10. Will applicant's annual payroll exceed \$300,000?..... Anticipated annual payroll? \$ | <input type="checkbox"/> <input type="checkbox"/> |
| 3. Does applicant ever do any exterior work on buildings over three stories in height?..... | <input type="checkbox"/> <input type="checkbox"/> | 11. Does applicant ever do any asbestos removal? | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Does applicant manufacture or sell products under his name? | <input type="checkbox"/> <input type="checkbox"/> | 12. Has applicant performed any work of new residential properties, town homes, condominiums, row homes, apartments, housing project or dwellings prior to the certificate of occupancy? | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Does applicant perform work on boats or ships or engage in boating or shipping operations? | <input type="checkbox"/> <input type="checkbox"/> | 13. Will applicant ever perform work of new residential properties, town homes, condominiums, row homes, apartments, housing project or dwelling prior to the certificate of occupancy?..... | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Does applicant sponsor sporting or social events? | <input type="checkbox"/> <input type="checkbox"/> | 14. Has the applicant ever had any construction defects, products liability or other negligence claim made against them? | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Will applicant's cost of subcontracted work ever exceed 10% of gross receipts? | <input type="checkbox"/> <input type="checkbox"/> | 15. Has the applicant ever been named in a lawsuit alleging construction defects? | <input type="checkbox"/> <input type="checkbox"/> |

Applicant's Initials _____ ←

(NB) New in business: With at least 3 years experience in the same work as described above. Name of prior employer: _____

(WP) In business without prior insurance or where there has been a gap in prior insurance of 30 days or more.

(IB) Prior carrier: _____ Policy Number: _____ Expiration Date: _____ *

* Attach copy of renewal notification or policy declaration from prior carrier expiring less than 30 days from effective date to qualify for discount.

PRIOR LOSS INFORMATION – If any losses, refer to Company for approval

ENTER ALL LOSSES FOR THE PRIOR 5 YEARS. NONE

DATE OF LOSS	TYPE OF LOSS	DESCRIPTION OF LOSS, CORRECTIVE MEASURES (IF APPLICABLE)	AMOUNT PAID	RESERVE

California Application

Deductible: \$1,000 per Claim - Property Damage CLASSIFICATION SCHEDULE	CLASS CODE	FULL-TIME PART-TIME	NO. OF EMPLOYEES	LIMITS IN THOUSANDS			
				\$100/\$100	\$300/\$300	\$500/\$500	\$1,000/\$1,000
Appliances and Accessories – Installation, servicing and repair of household appliances & accessories. No commercial appliances.	91155	FT		871	1021	1093	1160
		PT		290	340	364	386
Cable or Subscription Television – Installation of low voltage wiring and equipment at customer premises – no cable line construction or satellite dish installation.	91315	FT		361	455	506	566
		PT		120	152	168	188
Carpentry – Commercial Only. Includes framing, woodwork, trim, wooden doors, cabinet installation, shelving and rough carpentry work. NO roofing or exterior work on buildings exceeding 3 stories.	91342	FT		1154	1358	1550	1831
		PT		385	453	517	611
Carpentry – Residential. Includes framing, wood siding, woodwork, trim, wooden doors, cabinet installation, shelving and rough carpentry. work. NO roofing or work on buildings exceeding 3 stories.	91340	FT		944	1191	1323	1477
		PT		314	396	441	492
Carpet, Rug, Furniture or Upholstery Cleaning – on customer premises.	91405	FT		996	1167	1249	1325
		PT		331	389	416	441
Ceiling or Wall Installation – metal	91436	FT		722	911	1011	1129
		PT		240	303	337	375
Concrete Construction—Buildings & Dwellings. Includes pouring, placing & finishing concrete. NO exterior work on buildings exceeding 3 stories, pool construction or concrete coring/cutting operations	91560	FT		1220	1429	1530	1624
		PT		407	476	509	540
Driveway, Parking Area or Sidewalk – Includes pouring, placing & finishing of above-grade concrete flatwork, asphalt or paver installation. No street or road work. No excavation.	92215	FT		775	979	1086	1213
		PT		258	327	361	404
Drywall or Wallboard Installation – No insulation work.	92338	FT		425	537	597	665
		PT		142	179	199	221
Electrical Apparatus Work – no power line construction, burglar or fire alarm system work.	92451	FT		625	736	839	992
		PT		208	245	279	330
Electrical Work within Buildings – no power line construction, burglar or fire alarm system, electrical machinery or auxiliary apparatus work.	92478	FT		705	889	988	1103
		PT		234	296	329	368
Fence Erection Contractors – No child-safety or electrically charged fencing. No exterior spray painting.	94276	FT		848	1070	1188	1327
		PT		282	356	395	442
Floor Covering Installation – No dealers. Installation of carpeting, laminate and hardwood flooring. -- Ceramic tile, stone, marble or terrazzo work should be separately classified.	94569	FT		740	871	994	1174
		PT		247	291	332	392
Glass Dealer/Glazier – bending, grinding, beveling or silvering of plate glass, no work on buildings exceeding 3 stories in height.	13590	FT		208	245	279	330
		PT		69	81	93	110
Heating and Air Conditioning Systems - No refrigeration, or liquefied petroleum gas (LPG) equipment sales or work.	95647	FT		1061	1338	1486	1660
		PT		353	445	495	553
House Furnishing Installation – Residential Only. Includes installation of pictures, mirrors, window treatments and closet organizers. No furniture repair or moving services.	96053	FT		718	823	942	1114
		PT		239	275	313	371
Janitorial – Office only, No residential, retail work or sales of chemicals or cleaning supplies.	96816	FT		581	684	780	922
		PT		194	228	261	308
Landscape Maintenance & Gardening—Basic landscape/lawn care service-mowing, mulching, planting, over-the-counter fertilizer/weed control—NO pesticides, tree trim/removal, fountain, pond or cement work	97047	FT		921	1162	1291	1442
		PT		307	387	430	480
Masonry—Residential Only. Includes cutting & laying of bricks, block, stone and other unit masonry or clay product and mortar work- NO work on buildings exceeding 3 stories or cast-in-place concrete work.	97447	FT		627	790	878	981
		PT		208	263	292	327

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California Application

Deductible: \$1,000 per Claim - Property Damage CLASSIFICATION SCHEDULE	CLASS CODE	NO. OF EMPLOYEES		LIMITS IN THOUSANDS			
		FULL-TIME	PART-TIME	\$100/\$100	\$300/\$300	\$500/\$500	\$1,000/\$1,000
Painting—Buildings & appurtenant structures only, incl. walkways/fences, surface prep & faux/texture painting—NO work on tanks, buildings exceeding 3 stories, exterior spray painting or roof painting.	98304	FT		826	972	1109	1311
		PT		275	324	369	436
Paperhanging - Includes surface preparation, covering walls and ceilings with wallpaper, fabric, vinyl or other wall coverings.	98344	FT		755	952	1057	1181
		PT		251	317	352	393
Plastering or Stucco Work - Excludes Exterior Insulation and Finish Systems (EIFS) work and exterior work on buildings exceeding 3 stories in height.	98449	FT		684	863	959	1070
		PT		228	288	319	356
Plumbing—Residential & Incidental Commercial—NO fire sprinkler, liquefied petroleum gas (LPG), septic tank, excavation, swimming pool, process piping, public utilities, hospital, or industrial work.	98483	FT		1569	1980	2199	2456
		PT		523	659	732	818
Refrigeration Equipment – installation, service and repair of commercial refrigeration systems. No liquefied petroleum gas (LPG) equipment sales or work.	98636	FT		693	816	931	1100
		PT		231	272	310	367
Satellite Dish Installation, Service or Repair – No work on buildings exceeding 3 stories in height	99650	FT		463	545	622	735
		PT		154	181	207	244
Siding & Gutter Installation – Includes soffit/fascia & decorative shutters--NO spray on siding, roofing, roof flashings or work on buildings exceeding 3 stories. See Carpentry for wood siding.	98967	FT		923	1166	1294	1445
		PT		308	389	431	482
Sign Painting or Lettering – No electric signs or sign erection work above the first floor level.	99004	FT		1066	1346	1493	1668
		PT		355	448	498	556
Swimming Pool Maintenance—Routine maintenance of water chemical balance, cleaning/replacing filters, vacuuming & scrubbing--NO installation, service, repair. No resurfacing, painting or pump work.	99505	FT		861	1087	1207	1348
		PT		287	362	402	449
Telephone Equip Installation--wiring, cables & circuits for telephone and communications equip. operating at <50 volts. NO telephone line construction, burglar, fire alarm or emergency systems work.	91551	FT		552	697	774	866
		PT		184	231	258	288
Tile, Stone, Marble, Mosaic or Terrazzo Work – Installation and repair of these materials to floors, walls or counter-tops. NO swimming pool work or roofing operations.	99746	FT		534	673	747	835
		PT		177	224	248	278

GENERAL LIABILITY PREMIUM		No. of Employees:	Full Time: _____
			Part Time: _____
Select Limit Requested (Limits in Thousands): <input type="checkbox"/> 100/100 <input type="checkbox"/> 300/300 <input type="checkbox"/> 500/500 <input type="checkbox"/> 1,000/1,000	Premium	=	_____
<input type="checkbox"/> INCREASED LIMITS <input type="checkbox"/> 100/200 <input type="checkbox"/> 300/600 <input type="checkbox"/> 500/1,000 <input type="checkbox"/> 1,000/2,000			
Factor (1.02) (1.02) (1.01) (1.01)	Factor	X	_____
<input type="checkbox"/> IN BUSINESS WITH NO PRIOR INSURANCE OR LAPSE IN COVERAGE MODIFICATION (Modification 1.50)	Modification	X	_____
<input type="checkbox"/> PROOF OF PRIOR DISCOUNT (Discount .85) Attach copy of renewal notice, non-renewal or policy declaration in order to qualify for discount	Discount	X	_____

(\$ 100,000 Limits = \$750 MINIMUM PREMIUM)
 (\$ 300,000 Limits = \$750 MINIMUM PREMIUM)
 (\$ 500,000 Limits = \$750 MINIMUM PREMIUM)
 (\$1,000,000 Limits = \$1,000 MINIMUM PREMIUM)

GENERAL LIABILITY PREMIUM = _____
BANKERS POLICY FEE = \$250.00
TOTAL = _____

California Application

OPTIONAL COVERAGE

ADDITIONAL INSURED Leased Equipment Lessor/Mgr Contractor City/State

Name: _____

No premium charge made for
additional insured endorsements.

Street: _____

City, State, Zip Code: _____

PAYMENT OPTIONS

Premium Finance Authorization

Pursuant to Sections 18606 and 19607 of the California Financial Code, I authorize Ion General Insurance Services (General Agent) to arrange premium financing on behalf of my client who has authorized this transaction.

Agreed Signature of Applicant _____

Applicants SSN _____ Applicant's Date of Birth _____

Signature of Agent _____

Total downpayment collected \$ _____ **OR** Insured is paying in full \$ _____

APPLICANT / AGENT SIGNATURE

Applicant's Signature: I hereby apply to the Company for a policy of insurance as set forth in this application on the basis of the statements contained herein. I hereby certify that I have read and answered all questions on this application and that all information contained in this application is accurate and complete. I agree that such policy shall be null and void if such information is false, or misleading, or would materially affect acceptance of the risk by the Company.

I understand this insurance will not provide coverage or supplementary payments for defense or expense costs under any parts of the policy arising out of the following operations and affirm such operations are not performed by my Company: Operations which are not customary to the classification of operations shown in the classification schedule; exterior work on buildings exceeding three stories in height; street or road work; power line construction; burglar or fire alarm system work; electrical machinery or auxiliary apparatus work; liquefied petroleum gas (LPG) equipment sales or work; pesticide spraying; tree trimming, pruning or removal; painting of tanks; exterior spray painting; fire sprinkler installation or service; sign erection or sign work above the first floor; swimming pool installation, service or repair; telephone or cable line construction; satellite dish installation; work performed on new residential properties, town homes, condominiums, row homes, apartments, housing project or dwelling prior to the certificate of occupancy.

Agreed Signature of - Applicant _____ Date: _____

Agent's Signature: The undersigned hereby declares that to the best of my knowledge, all information contained herein is correct; that this form was completed with the applicant and then signed by the applicant; and that the initials of the applicant contained herewith were made by the applicant. I also certify that all questions on the application have been asked to and answered by the applicant. No coverage was bound by me until all questions were answered by the applicant and the application was signed by the applicant.

Signature of Agent: _____ Agent License No.: _____ Date: _____

Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing false, incomplete or misleading information is guilty of a felony of the third degree.