



**ARTISAN/TRADE/RESIDENTIAL BUILDER'S
APPLICATION**

If operations are primarily one specific trade, refer to that trade's supplemental application (e.g. Roofers).

PREQUALIFICATION - Risk(s) are ineligible if they include any of the following characteristics.

	Yes	No
1. Involved (past, present or intended future) in residential construction (new, remodeling, installation or repair), and/or development of, more than 14 units in any one development. <i>(Unit means one home, town home unit, condo unit, or apartment.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Risks where subcontractors are used and contractual risk transfer mechanisms are not in place prior to job commencement.	<input type="checkbox"/>	<input type="checkbox"/>
3. Architects or engineers listed as employees of any named insured.	<input type="checkbox"/>	<input type="checkbox"/>
4. Rehabilitation projects or construction of low income housing by governmental and volunteer agencies. <i>If yes, to be eligible, must include verification that is documented in file that plumbing, electrical, mechanical, and utility work is performed by licensed contractors and signed waivers/releases are obtained on all volunteer workers. Construction Defect guidelines must be adhered.</i>	<input type="checkbox"/>	<input type="checkbox"/>
5. Underground tank installation, removal, repair, or service; remediation contractors (asbestos, mold removal, pollutant clean up, etc.); risks involved (past, present or intended) in EIFS work; risks participating in any wrap-up or owner controlled insurance program (OCIP).	<input type="checkbox"/>	<input type="checkbox"/>
6. Risks employing or contracting armed security personnel.	<input type="checkbox"/>	<input type="checkbox"/>
7. The insured is not properly licensed.	<input type="checkbox"/>	<input type="checkbox"/>
8. Past, present or future residential, office, or a projected location in Colorado.	<input type="checkbox"/>	<input type="checkbox"/>
9. Risks involving underground foundation work, residential roofing, and/or residential siding located in AZ, CA, FL, NV and SC.	<input type="checkbox"/>	<input type="checkbox"/>
10. Door, Window, or Assembled Mill Work - Installation - Metal (91746) in AZ, CA, CO, FL, HI, MT, NV or SC.	<input type="checkbox"/>	<input type="checkbox"/>
11. Buildings being demolished with common wall or party wall exposures.	<input type="checkbox"/>	<input type="checkbox"/>
12. Use of a ball and chain or explosives. (SUBMIT ELIGIBILITY)	<input type="checkbox"/>	<input type="checkbox"/>
13. Work performed on pipelines and/or in-ground swimming pools.	<input type="checkbox"/>	<input type="checkbox"/>
14. Risks involving blasting.	<input type="checkbox"/>	<input type="checkbox"/>
15. Snow removal operations in CT, ME, NH, NJ, PA, RI, or VT.	<input type="checkbox"/>	<input type="checkbox"/>
16. Snow removal operations involving senior housing.	<input type="checkbox"/>	<input type="checkbox"/>
17. Snow removal operations involving medical facilities.	<input type="checkbox"/>	<input type="checkbox"/>

Note to General Agent, if the following answers are Yes, refer to Northfield Solutions.

	Yes	No
1. Contractors who offer building design/consultation or construction/project managers or consultants.	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial building exterior contractors that work on buildings in excess of 5 stories. Exception, window cleaners up to 8 stories are acceptable.	<input type="checkbox"/>	<input type="checkbox"/>
3. Risks located in or performing work/operations in downstate New York.	<input type="checkbox"/>	<input type="checkbox"/>
4. Risks involved with real estate developers and/or real estate development property.	<input type="checkbox"/>	<input type="checkbox"/>
5. Snow plowing on public roads.	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS INFORMATION

1. Proposed First Named Insured & Other Named Insured(s):

2. Mailing Address Street City County State ZIP Code

3. Effective Date Desired: _____ Term Desired: _____

4. Applicant is: Individual Partnership Corporation LLC Trust
 Other (specify): _____

If more than one entity, include the ownership breakdown and a description of operation for each.

Contact Name: _____ Title: _____ Phone No.: _____

	Occupancy	Own	Lease
5. Location of premises: <input type="checkbox"/> Same as mailing address		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>
_____		<input type="checkbox"/>	<input type="checkbox"/>

(List additional locations on separate page)

6. Have you operated under any other name(s)? Yes No

If yes, indicate:

Name: _____

Address: _____

Years in operation: _____

7. Years in current business: _____ Years of experience as a contractor: _____

8. Contractors License No. and type: _____

9. Are you presently, or do you intend in the future, to be involved in residential construction? Yes No

10. Any OSHA violations? Yes No

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Policy Dates	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses <small>(Use separate sheet if necessary)</small>

Missouri Applicants: **DO NOT** answer this question.

Has insurance of this type been cancelled, refused, or nonrenewed by any company during the past 3 years?

No Yes - If Yes, give name of company, date, and reason:

PAYROLL/RECEIPTS INFORMATION

1. List payroll of owners, supervisors and employees by class and duties performed:

Class	Payroll	Duties Performed

2. Total Annual Receipts: \$ _____

3. Total Subcontractor Annual Receipts: \$ _____

TYPE OF CONTRACTOR

1. Describe your operations:

2. Percent of your work performed by or on behalf of the named insured:

a. New Construction	%	Remodeling*	%	Repairs	% = 100%
b. Outside Building	%	Inside Building	%		= 100%
c. Residential	%	Commercial	%	Industrial	% = 100%

*Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):

3. Do you specialize in any part of the construction of the following types of buildings? Yes No

- Nursing Homes
- Day Care Centers
- Hospitals
- Condominiums
- Apartments
- Multi-family Habitational
- Hotels/Motels

If yes, explain:

4. Percent of work on a typical project performed by:

You/Your Employees _____ % Subcontractors _____ % (Total 100%)

*If subcontracted amount is over 50%, please refer to our General Contractor guidelines.

5. Indicate whether the following types of work are done by your employees or are performed by subcontractors:

E - Employees/Owners S - Subcontractors N/A - Not Performed

Include % of work the insured does for each type of contracting/work.

	%	E	S	N/A		%	E	S	N/A
Bridge Construction	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - Inside	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Door, Window or Assembled Mill					Plumbing	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work - Installation - Metal	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Development	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Preparation Work (curbs, streets, etc.)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Snow Removal	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spray Painting Application	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vacant Land in any stage of development or construction (e.g. excavation for utilities)	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Guard Rail Installation	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Landscaping	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Masonry	___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other (describe):									

SUBCONTRACTORS and/or INDEPENDENT CONTRACTORS N/A

	Yes	No
1. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you utilize a standardized contract with all of your subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you require contractors to:		
a. Carry General Liability coverage with coverage and limits equal or greater than your own?	<input type="checkbox"/>	<input type="checkbox"/>
b. Name you as an Additional Insured?	<input type="checkbox"/>	<input type="checkbox"/>
c. Furnish Certificates of Insurance for General Liability and Workers Compensation?	<input type="checkbox"/>	<input type="checkbox"/>
d. Keep records?	<input type="checkbox"/>	<input type="checkbox"/>
4. Total cost of work contracted: \$		

OPERATIONS

	Yes	No
1. Do you use cranes in any of your activities?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are tower cranes used? Length of the boom:	<input type="checkbox"/>	<input type="checkbox"/>
Age of the crane: OSHA certified inspection date:		
2. Do you rent or loan machinery or equipment to others?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe type and customers:		
3. Are you involved in any of the following operations?		
a. Dam/Levee Construction	<input type="checkbox"/>	<input type="checkbox"/>
b. Blasting	<input type="checkbox"/>	<input type="checkbox"/>
c. Shoring or Underpinning	<input type="checkbox"/>	<input type="checkbox"/>
d. Pile Driving	<input type="checkbox"/>	<input type="checkbox"/>
e. Caisson or Cofferdam Work	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (describe):		
4. Do you perform work more than three stories in height above grade? If yes: %	<input type="checkbox"/>	<input type="checkbox"/>
Describe:		
5. Do you perform work below grade? If yes: %	<input type="checkbox"/>	<input type="checkbox"/>
Describe:		
6. Is job site security provided at night?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, are they armed?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, explain:		
8. Do you draw any plans or blueprints used in your construction work?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, describe:		
If yes, do you carry Professional Liability or Errors and Omissions insurance?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever installed drywall that was manufactured in, or imported from, China? If yes:	<input type="checkbox"/>	<input type="checkbox"/>
a. Companies from which you obtained drywall:		
b. Amount installed:		
c. When installed:		
10. CONTRACTUAL LIABILITY (PLEASE ATTACH COPY.)		
Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost):		

11. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

DEMOLITION OPERATIONS (other than incidental, complete Demolition Contractors Application Supplement) - For Contractors with Demolition/Wrecking Exposures. N/A

1. Describe your demolition/wrecking operations (e.g. by hand, wrecking ball, equipment used, etc.):		
	<input type="checkbox"/>	<input type="checkbox"/>
2. Follow Environmental Protection Agency (EPA) guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
3. Abutting walls.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is done to protect any common, party, or foundation wall from damage:		
4. Applicant engaged in, owned by, associated with, or involved in any other enterprise.	<input type="checkbox"/>	<input type="checkbox"/>
If yes, provide details:		

- | | Yes | No |
|---|--------------------------|--------------------------|
| 5. Applicant, or any other person for whom insurance is being requested, aware of any circumstance which may result in a claim?
If yes, provide details: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Will the area be barricaded?
If yes, how high are barricades? _____ ft. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Explain other safety precautions taken: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Will explosives be used? | <input type="checkbox"/> | <input type="checkbox"/> |
| a. Do you remove same? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Hire others to remove same? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you obtain written confirmation that all utilities (gas, water and electric) have been turned off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Any buildings or structures over three stories or over 50 feet high? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is explosion, collapse, or underground coverage desired? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Will you retain salvage?
Estimated salvage value: \$ _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Indicate how debris is removed: _____ | | |
| 14. Attach diagram of the building to be demolished and surrounding exposures (Indicate distance to surrounding exposures.) | | |

ROOFING OPERATIONS N/A

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are hot tar kettles roped off? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you maintain a fire watch during and after hot work completion (including break periods)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. How long do you maintain the fire watch after hot work is completed? _____ | | |
| 4. Is the job site inspected after completion of hot work and an activity log documented with the time and date of the final check? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. How long is the hot work activity log maintained? _____ | | |
| 6. Do you have at least 3 years of experience with hot tar? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Percentage of: New Roofing: _____ % Repair Work: _____ % | | |
| 8. Do you have any incidental welding exposures in your roofing business?
If yes, are all welders AWS Certified? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you use any unusual processes/materials (i.e. other than shingle, metal or membrane)?
If yes, include name of manufacturer and training in the process: _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Openings in roof are protected overnight by:
<input type="checkbox"/> Tarp <input type="checkbox"/> Waterproof plywood <input type="checkbox"/> Never leave openings
<input type="checkbox"/> Other (describe): _____ | | |

HISTORY

1. Have you been involved in any other business besides contracting? Yes No
If yes, describe. _____

2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims? Yes No
If yes, describe. _____

3. Describe any types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.): _____

4. List the five largest projects undertaken by you in the past five years:

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year:

Description	Job Cost	Est. Project Duration

6. Average dollar value of a completed project: \$ _____

COVERAGE/LIMITS

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
 - Personal and Advertising Injury \$ _____ Personal and Advertising Injury
 - Contractual Liability \$ _____ Each Occurrence
 - Damage to Premises Rented to You \$ _____ Damage to Premises Rented to You
 - Medical Payments \$ _____ Medical Payments

Annual payroll: _____ Gross sales: _____

of employees: _____ # of owners: _____

Each location must have a classification with a premium basis listed below.

SCHEDULE OF HAZARDS								
LOC #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR.	RATE		PREMIUM	
					PREM/OPS	PRODUCTS	PREM/OPS	PRODUCTS
			(s) Gross Sales (p) Payroll (a) Area (c) Total Cost (t) Other		(s) per \$1,000 (p) per \$1,000/pay (a) per 1,000 sq. ft. (c) per \$1,000 cost (t) per unit			

For information about how Northland compensates its agents, brokers and program managers, please visit this website:

http://www.northlandins.com/Producer_Compensation_Disclosure.asp

If you prefer, you can call the following toll-free number: 1-866-904-8348. Or you can write to us at Northland Insurance Companies, c/o Law Department, 385 Washington St., St. Paul, MN 55102.

This application, including any material submitted in conjunction with the application or any renewal, does not amend the provisions or coverages of any insurance policy or bond issued by Northland. It is not a representation that coverage does or does not exist for any particular claim or loss under any such policy or bond. Coverage depends on the facts and circumstances involved in the claim or loss, all applicable policy or bond provisions, and any applicable law. Availability of coverage referenced in this document can depend on underwriting qualifications and state regulations.

FRAUD STATEMENTS

ARKANSAS, DISTRICT OF COLUMBIA, MARYLAND, NEW MEXICO, AND RHODE ISLAND: 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 and confinement in prison.

COLORADO: 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.

FLORIDA: 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 of the third degree.

KENTUCKY, NEW JERSEY, NEW YORK, OHIO, AND PENNSYLVANIA: 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. (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.)

LOUISIANA, 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 include imprisonment, fines, and denial of insurance benefits.

**IMPORTANT NOTICE
DECLARATION**

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.

As part of our underwriting procedures, a routine inquiry may be made to obtain applicable information concerning character, general reputation, and credit history. Upon your written request, additional information as to the nature and scope of the report, if one is made, will be provided.

SIGNATURES

Applicant Signature	Title	Date
Producer Signature		Date
Producer Name and Address		
