NOVA CASUALTY COMPANY

ARTISAN CONTRACTORS APPLICATION

ARIZONA

DATE (MM/DD/YY)

PRODUCER	APPLICANT'S NAME AND ADDRESS (Include County & Zip)
Worldwide Insurance Specialists, Inc 2424 W. Missouri Ave. Phoenix, AZ 85015 888-518-8011 **CODE:**	**E-MAIL ADDRESS:** **APPLICANT'S SOCIAL SECURITY #:** **D.O.B.:**

EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	STATUS OF SUBMISSION
		☐ QUOTE ☐ ISSUE POLICY

Billing Type: ☐ **Agency Bill** ☐ **Direct Bill** **Direct Bill Installments:** ☐ **5** ☐ **8**

Credit Card Payment: ☐ Visa Cardholder's Name:_____

☐ Master Card Amount: $_____ Credit Card #_____ Exp. Date:_____

				CONTACT (Name/Phone #)	YEARS IN BUSINESS	YEARS OF EXPERIENCE
☐	INDIVIDUAL	☐	JOINT VENTURE			
☐	PARTNERSHIP	☐	OTHER (Describe)			
☐	CORPORATION	☐				

PROVIDING MISLEADING OR FALSE INFORMATION, OR CONCEALING INFORMATION REQUESTED IN THIS APPLICATION, MAY CAUSE THIS COVERAGE TO BE DECLARED VOID FROM INCEPTION ALONG WITH THE SUBSEQUENT DENIAL OF ANY ASSOCIATED CLAIM.

LOCATION ADDRESS	WHAT STATE(S) DO YOU CURRENTLY WORK IN?

DESCRIPTION OF OPERATIONS

EXPLAIN PRIOR BUSINESS EXPERIENCE

HAVE YOU EVER WORKED IN ANY STATE OTHER THAN THE CURRENT STATE OF RESIDENCY? IF YES, WHICH STATE(S)? EXPLAIN TYPE OF OPERATIONS THAT WERE PERFORMED AND WHEN.

HAVE YOU EVER BEEN INVOLVED IN CONSTRUCTION OF ATTACHED HOUSING SUCH AS CONDOS, TOWNHOUSES OR APARTMENTS? ARE YOU CURRENTLY INVOLVED OR PLAN TO BE INVOLVED IN CONSTRUCTION OF ATTACHED HOUSING SUCH AS CONDOS, TOWNHOUSES OR APARTMENTS? **PLEASE EXPLAIN IN REMARKS SECTION.**

HAVE YOU EVER BEEN INVOLVED IN CONSTRUCTION OF TRACT HOUSING DEVELOPMENTS? (6 OR MORE DWELLINGS ON A SINGLE SITE) ARE YOU CURRENTLY INVOLVED OR PLAN TO BE INVOLVED IN CONSTRUCTION OF TRACT HOUSING DEVELOPMENTS? **PLEASE EXPLAIN IN REMARKS SECTION.**

DO YOU HAVE AN INTERNET WEBSITE? IF SO, PROVIDE WEB ADDRESS:

RATING INFORMATION

# of Employees
Full Time: _____
Part Time:_____

Theft Coverage
☐ Include – minimum additional charge of $50 applies
☐ Exclude

LIMITS OF LIABILITY
☐ $100,000/$200,000 ☐ $300,000/$600,000
☐ $500,000/$1,000,000 ☐ $1,000,000/$2,000,000

Additional Coverages-Liability (Refer to Manual for rates)

☐ Enrichment Endorsement (not available if theft excluded)
☐ Care, Custody & Control _____ ($1,000 Included) (Add'l limit)
☐ Option #1 ☐ Option #2
☐ Other (explain):

Terrorism Coverage ☐ Accepted ☐ Rejected

☐ Additional Insured (provide info on back page)

☐ Hired Auto/Non-Owned Auto (provide info on back page)

BUSINESS PERSONAL PROPERTY COVERAGE OF $2,500 (EXCLUDING THEFT) IS AUTOMATICALLY INCLUDED. IF ADDITIONAL LIMITS OR OPTIONAL PROPERTY COVERAGE IS DESIRED, COMPLETE SUPPLEMENTAL APPLICATION

REQUIRED UNDERWRITING INFORMATION **# EXPLAIN ALL "YES" RESPONSES IN REMARKS SECTION ON REVERSE AND REFER TO COMPANY FOR APPROVAL**

1. **Gross receipts for last year?** ..... **$** _____
   Estimated annual receipts for this year..... **$** _____
2. **Payroll for last year?** ..... **$** _____
   Estimated payroll for this year ..... **$** _____
3. **Total cost of subcontracted work for past year** ..... **$** _____
4. **Projected Cost of Work Subcontracted to Others by Insured for this year**..... **$** _____
5. Residential work?..... _____**%**
   Commercial work? ..... _____**%***
   (*IF ANY - REFER TO COMPANY FOR APPROVAL)

	Yes	No
6. Are certificates of insurance required from sub-contractors? ..	☐	☐
a. Are limits of liability equal to insureds?	☐	☐
7. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?.....	☐	☐
8. Any hiring of illegal immigrants?.....	☐	☐
9. Is a formal safety program in operation?	☐	☐
10. Any exposure to flammables, explosives, chemicals?.....	☐	☐
11. Equipment loaned/rented to others?	☐	☐
12. Any exposure to radioactive/nuclear materials?	☐	☐
13. Any boats, docks, floats owned, hired or leased?	☐	☐
14. Any power washing operations?.....	☐	☐
15. Operations involve discharge of fumes, acids, wastes?	☐	☐
16. Does Applicant draw plans, designs, specifications?	☐	☐
17. Any work with asbestos or lead?.....	☐	☐
18. Does the applicant lease equipment with/without operators?..	☐	☐
19. Any other insurance with this company or being submitted? ..	☐	☐
20. Any parking facilities owned/rented?.....	☐	☐
21. Participation in trade shows, exhibits, conventions?.....	☐	☐
22. Any demolition exposure contemplated?	☐	☐
23. Has the insured or any entity in which the insured is or was an officer, owner or major stockholder ever filed for protection under the bankruptcy laws?.....	☐	☐
24. Has any policy or coverage been declined, cancelled or non-renewed during the past 3 years?	☐	☐

SUPPLEMENTAL UNDERWRITING INFORMATION (Complete section applicable to Insured's operation)

Explain all "YES" responses in REMARKS section below

PAINTING:	YES	NO
1. Inside %_____ Outside%_____		
2. Any work done above 2 stories?	☐	☐
3. Any scaffolding used? If "Yes", to what height? _____	☐	☐
4. Any painting of tanks, water or gas?	☐	☐
5. Any painting of bridges or towers?	☐	☐
6. Any exterior spray painting? If "Yes", what % _____	☐	☐
7. Any airless spray guns used?	☐	☐
8. Any epoxy's used?	☐	☐
9. Any lead paint removal done?	☐	☐

ELECTRICAL WIRING:	YES	NO
1. Any high voltage overhead wiring done?	☐	☐
2. Any installation of burglar or fire alarm systems? If so, please explain percentage of total work and describe in detail.	☐	☐
3. Any excavation? If "Yes", risk not eligible	☐	☐

CABINETMAKERS:	YES	NO
1. Is dust collection system present?	☐	☐
2. Does spray booth meet NFPA Standards?	☐	☐

LANDSCAPING:	YES	NO
1. Any grading of land or excavation work done? If "Yes", risk not eligible.	☐	☐
2. Any spraying of bushes, lawns, etc. with pesticides herbicides, or fertilizers? If "Yes", refer to Company for approval.	☐	☐
3. Any tree trimming work done? If "Yes", what %_____	☐	☐
4. What work do you do during the "off season" months? _____		
5. Any snowplowing done? If "Yes", what %_____	☐	☐

AIR CONDITIONING & HEATING	YES	NO
1. Any boiler work done? If "Yes", what PSI?_____	☐	☐
2. Any asbestos removal done?	☐	☐
3. Any refrigeration work?	☐	☐
4. Any LPG work done?	☐	☐

CLEANING SERVICE: (If any commercial floor cleaning – risk not eligible)	YES	NO
1. Residential _____% Office _____%		
2. Any window cleaning? _____% (describe below) If "Yes", to what height? _____	☐	☐

SWIM POOL / SPA MAINTENANCE:	YES	NO
1. Is log kept showing time of arrival and departure and that the gate was locked when you left the premises?	☐	☐

PRIOR POLICY(IES)/LOSS HISTORY ☐ Check here if new venture

Explain all claims, occurrences that may give rise to a claim, notice of a suit or possible suit stemming from prior or discontinued operations.

COMPANY (Include Cov. type/Line of Business/Dates)	LOSSES (Date/Description/Amount)	CORRECTIVE ACTION

Have you ever been named in legal action or had a demand for arbitration regarding faulty/defective construction? (If yes, explain in remarks section below)

Are there any claims, legal actions, arbitrations, or disputes pending of any kind against any person or entities named in this application? (If yes, explain in remarks section below)

PRIOR BUSINESS INFORMATION

Have you conducted your business under any other name during the past five years with all or partial ownership? If so, provide your prior business name, the prior insurance carrier and policy number and any loss information for your prior business.

REMARKS:

Terrorism Coverage: I acknowledge that I have been notified that I may accept or reject this offer of coverage. If coverage is accepted, I understand covered losses caused by a certified act of terrorism under my policy will be partially reimbursed by the United States and I have been notified of the amount of my premium attributable to such coverage. If coverage is rejected, I understand that an exclusion of certified terrorism losses will be made part of this policy. In some states, this exclusion does not apply to fire losses resulting from acts of terrorism. If this exception applies to my policy, I have been notified of the premium attributable to such fire coverage.

Any person who knowingly represents a false or fraudulent claim for payment of a loss or benefit, or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

NOTICE OF INSURANCE INFORMATION PRACTICES

PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES. YOU HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND CAN REQUEST CORRECTION OF ANY INACCURACIES. A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING SUCH INFORMATION IS AVAILABLE UPON REQUEST. CONTACT YOUR AGENT OR BROKER FOR INSTRUCTION ON HOW TO SUBMIT A REQUEST TO US.

DIRECT BILL

IF YOU HAVE SELECTED THE DIRECT BILL OPTION FOR YOUR PREMIUM BILLING, INSTALLMENT SERVICE FEES AND LATE FEES MAY APPLY. IT IS UNDERSTOOD THAT IF YOUR DEPOSIT, WHETHER PARTIAL PAYMENT OR FULL PAYMENT BY CHECK IS RETURNED BY THE BANK DUE TO INSUFFICIENT FUNDS, COVERAGE WILL BE NULL AND VOID FROM INCEPTION.

APPLICANT'S SIGNATURE	TIME	DATE	PRODUCER'S SIGNATURE	TIME	DATE
	☐ AM ____:____ ☐ PM			☐ AM ____:____ ☐ PM	