



**COLONIAL GENERAL INSURANCE AGENCY, INC.**

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(801) 290-1144 WATS (800) 594-8900 FAX (801) 290-1160

**ARTISAN CONTRACTORS SUPPLEMENTAL QUESTIONNAIRE**

Complete in addition to the ACORD Application

1. Name of the Applicant: \_\_\_\_\_ # of owners? \_\_\_\_\_  
(Complete one questionnaire for each named insured/for each risk) # of Employees? \_\_\_\_\_

2. Applicant(s) will operate in the following states: \_\_\_\_\_

3. A. Are you a: (Mark all that apply)

- |                      |                         |
|----------------------|-------------------------|
| Developer            | General Contractor      |
| Construction Manager | Construction Consultant |
| Subcontractor        |                         |

B. Number of years of experience you have in this type of work: \_\_\_\_\_

C. Have you acted in the capacity of a General Contractor in the past,  
or ever held a General Contractors license? Yes No

D. License Number \_\_\_\_\_

4. Describe your area of specialization: \_\_\_\_\_

5. Are You a: (Select Yes or No)

- |  |     |    |
|--|-----|----|
| A. Residential Remodeling Contractor?                          | Yes | No |
| B. Commercial Tenants Improvements and Betterments Contractor? | Yes | No |
| C. Fire / Water Damage Restoration Contractor?                 | Yes | No |

6. If you answered YES to any of Number 5, then:

A. Do you do additions to building? Yes No

If YES to 6A, please provide details: \_\_\_\_\_

B. Is your work interior work only? Yes No

7. List all ACTIVE OWNERS, PARTNERS, OFFICERS and their JOB RESPONSIBILITIES

| Individuals | Responsibilities |
|-------------|------------------|
| _____       | _____            |
| _____       | _____            |
| _____       | _____            |

Are any of the above employed supervisors or foremen (who are strictly supervisors)? Yes No

Are any of the above qualified by education or are any licensed as an Architect, Engineer,  
Surveyor or Real Estate Agent or Broker? Yes No

If YES, please explain: \_\_\_\_\_

8. A. Number of Employees: \_\_\_\_\_  
 B. Employee Payroll (excluding owners/partners/officers): \$ \_\_\_\_\_

9. Have you or are you planning to work on any of the following construction projects?

**NEW**                      **REMODEL**

- A. Apartments
- B. Condominiums
- C. Townhomes
- D. Tract Houses
- E. Spec Homes
- F. Custom Homes
- G. Airport Hangars
- H. Industrial Building
- I. Mercantile Buildings
- J. Commercial
- K. Parking Structures

10. For the Classifications below, enter either your employee payroll or the amount of subcontracted costs including materials. Include for all class codes that apply.

| <b><u>Class</u></b>  | <b><u>Sub Cost</u></b> | <b><u>Payroll</u></b> |
|--|------------------------|-----------------------|
| Air Conditioning Installation, Service or Repair               | _____                  | _____                 |
| Alarm System Install, Service or Repair                        | _____                  | _____                 |
| Caisson or Cofferdam Work                                      | _____                  | _____                 |
| Carpentry-residential less than 3 stories                      | _____                  | _____                 |
| Carpentry-Interior   | _____                  | _____                 |
| Carpentry-Other  | _____                  | _____                 |
| Chimney Cleaning   | _____                  | _____                 |
| Concrete Construction-Flat Work                                | _____                  | _____                 |
| Concrete Construction-Other than Flat Work                     | _____                  | _____                 |
| Debris Removal   | _____                  | _____                 |
| Drywall or Wallboard Installation                              | _____                  | _____                 |
| Electrical Work-within buildings                               | _____                  | _____                 |
| Electrical Work-other  | _____                  | _____                 |
| Excavation   | _____                  | _____                 |
| Fence Erection   | _____                  | _____                 |
| Fireproofing   | _____                  | _____                 |
| Floor Covering Installation-not ceramic, tile or wood          | _____                  | _____                 |
| Floor Covering Installation-other                              | _____                  | _____                 |
| Grading of Land  | _____                  | _____                 |
| Heating, Vacuum or Air Conditioning Install, Service or Repair | _____                  | _____                 |
| Insulation Installation  | _____                  | _____                 |
| Janitorial Work  | _____                  | _____                 |
| Landscaping  | _____                  | _____                 |
| Masonry Work   | _____                  | _____                 |
| Painting-Exterior  | _____                  | _____                 |
| Painting-Interior  | _____                  | _____                 |
| Plumbing-Residential   | _____                  | _____                 |
| Plumbing-Commercial  | _____                  | _____                 |
| (continued on next page)                                       |                        |                       |

| <u>Class</u>   | <u>Sub Cost</u> | <u>Payroll</u> |
|--|-----------------|----------------|
| Roofing-Residential (Complete Roofing Supplement)          | _____           | _____          |
| Roofing-Commercial (Complete Roofing Supplement)           | _____           | _____          |
| Sewer Main Construction                                    | _____           | _____          |
| Siding Installation  | _____           | _____          |
| Street or Road Construction                                | _____           | _____          |
| Street or Road Paving or Repaving                          | _____           | _____          |
| Swimming Pool Installation, Service or Repair-below ground | _____           | _____          |
| Tree Trimming or Pruning                                   | _____           | _____          |
| Water Main Construction                                    | _____           | _____          |
| Waterproofing  | _____           | _____          |
| Window Cleaning  | _____           | _____          |
| Wrecking of Buildings or Structures                        | _____           | _____          |
| Other: _____   | _____           | _____          |
| <b>Total</b>   | _____           | _____          |

11. Show Gross Sales Figures for the prior 4 years and indicate what the Gross Sales will be in the upcoming 12 months.

|                |          |
|----------------|----------|
| 4th Prior Year | \$ _____ |
| 3rd Prior Year | \$ _____ |
| 2nd Prior Year | \$ _____ |
| Last Year      | \$ _____ |
| This Year      | \$ _____ |

12. Do you use any of the following: (Mark all that apply)

|                   |                   |
|-------------------|-------------------|
| Casual Labor?     | Cranes?           |
| Leased Employees? | Rented Equipment? |
| Subcontractors?   | Explosives?       |

If YES to any of Question 12, please explain. \_\_\_\_\_

13. Do you carry Workers Compensation Insurance for your employees?      Yes      No

14. If you use subcontractors, do you require them to provide you certificates of insurance naming you additional insured?      Yes      No

What limits of insurance do you require your subcontractors to carry? \_\_\_\_\_

15. Do you have knowledge of any occurrence that might give rise to a claim?      Yes      No

If YES, please explain: \_\_\_\_\_

16. How many fire extinguishers do you keep at your work premises? \_\_\_\_\_

The Applicant represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the company to policy issuance.

Any person who, with the intent to defraud or knowing that he/she 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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Agent's Email Address \_\_\_\_\_ Preferred Method of Correspondence?      Email      Fax      Regular Mail

Applicant's Email Address \_\_\_\_\_ Preferred Method of Correspondence?      Email      Fax      Regular Mail