



# CBIC - ARTISAN CONTRACTORS APPLICATION

## Contractors Bonding and Insurance Company

14. Advise prior work experience if applicant in business less than 3 years (please attach resume):

15. List the trades of subcontractors you use or plan to use within the next year:

**Check if None**

16. If subcontractors will or have been used, check (✓) if applicant complies with the following:

- Certificates of Insurance with limits of liability for each occurrence equal to or greater than those provided by this policy will be obtained from all subcontractors prior to commencement of any work performed for the insured.
- Insured will obtain hold harmless agreements from subcontractors indemnifying against all losses from the work performed for the insured by any and all subcontractors.
- Insured will be named as additional insured on all subcontractors general liability policies.

17. List 3 largest jobs in the past 5 years or currently underway or planned:

Year	Description of Work	Gross Receipts

18. For each of the past 4 years, provide:

Year	*Annual Employee Payroll	Gross Annual Receipts (total revenue)	**Subcontracted Costs

*\*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners*  
*\*\*Subcontracted Costs = labor plus materials **you** purchase for your subcontractors **and** materials purchased by subcontractor*

19. Estimate the number of jobs performed annually (indicate Zero "0" if none):

_____ Exterior jobs over 3 stories	_____ Jobs on homes valued over \$1 million
_____ Total jobs completed	_____ Condo projects
_____ New homes worked on in any one tract, subdivision or development	_____ Apartments/townhomes/co-op bldgs over 12 units

20. Check (✓) all that apply for persons or entities named in the application:  **Check if None**

<input type="checkbox"/> Any claims against your insurance in the past 5 years <input type="checkbox"/> Had any prior insurance cancelled, declined or non-renewed <input type="checkbox"/> Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer <input type="checkbox"/> Have knowledge of any existing problem or construction defect on one or more of your jobs that may potentially give rise to any future claim or legal action against such person or entity <input type="checkbox"/> Operated for any period without insurance	<input type="checkbox"/> Filed any mechanics liens against customers <input type="checkbox"/> Ever been sued or had a demand for arbitration regarding faulty/defective construction <input type="checkbox"/> Have any operations related to any project insured under a Wrap-up insurance program <input type="checkbox"/> Ever declared bankruptcy <input type="checkbox"/> Ever failed in business <input type="checkbox"/> Have pending or prior IRS liens
--	---

Explain all items that have been checked:

