CBIC - ARTISAN CONTRACTORS APPLICATION

Contractors Bonding and Insurance Company

1.	Agent/Broker Name and Address:	Agent E	E-mail:
		Agent I	Fax #:
		Agent Pho	one #:
2.	Owner / Spouse Name and Street Address:	Social Secu	ırity #:
		Date of	Birth:
		Spouse	e SS#:
3.	Additional Owner / Spouse Name and Street Address:	Social Secu	ırity #:
		Date of	f Birth:
		Spouse	e SS#:
4.	Company Name and Mailing Address:	Contractor Lice	ense #:
		Business Licer	nse #:
		Business Pho	one #:
		Business E	E-mail:
5.	Premises Address (if different from above)		
6.	Form of Business: Proprietorship Partnership Corporation ———————————————————————————————————	LLC Dot	:her
	Years in Business? How many Years Experience? 6a. PROPOSED	EFFECTIVE D	ATE:
7.	Check (✓) the following: Liability Occurrence Limit: ☐ \$150,000 * ☐ \$300,00	00 🗆 \$500	,000 🗆 \$1,000,000
	Aggregate Limit: ☐ Same as occurrence limit ☐ D	ouble occurrenc	e limit
	Property Damage Deductible: ☐ \$500 ☐ \$1,000	□ \$2,50	00
	*\$150,000 limit available only in Oregon (for all classes) and Washington (classes 92478-e	electrical & 9681	6-janitorial only)
8.	Estimate for the next 12 months:		
	Number of Active Owners Number of Employees *Employee Payroll **Subcor	ntractor Cost	Gross Sales
	Number of Active Owners Number of Employees *Employee Payroll **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials you purchase for your subcontractors and materials you purchase for your subcontractors.	j	
9.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners	j	
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	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and m Where does applicant work? States: County(ies):	naterials purchas	
	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and m Where does applicant work? States: County(ies):	naterials purchas	sed by subcontractor
10.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and m Where does applicant work? States: County(ies): Describe your operations in detail including trades performed by applicant and employees:	naterials purchas	sed by subcontractor
10.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and m Where does applicant work? States: County(ies): Describe your operations in detail including trades performed by applicant and employees: List other businesses owned or affiliated in any way with persons or entities named in the a	naterials purchas	sed by subcontractor
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11.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and m Where does applicant work? States: County(ies): Describe your operations in detail including trades performed by applicant and employees: List other businesses owned or affiliated in any way with persons or entities named in the a Check if None Check (✓) if applicant has been involved with or will perform any of the following: Check Equipment loaned/rented to others	naterials purchas application withir ck if None ms used to perfo	n the last 10 years:
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11.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials you purchase for your subco	ck if None ms used to perfor or repair fire sup	n the last 10 years:
11.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials you purchase for your subcontracted in the subcontracted	ck if None ms used to perfo	n the last 10 years:
11.	*Annual Employee Payroll - do not include payroll for clerical, salespersons or owners **Subcontracted Costs = labor plus materials you purchase for your subcontractors and materials you purchase for your subco	ck if None ms used to perfor or repair fire sup	n the last 10 years:

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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 job	s in the past 5 years or currently ur	nderway or planned	:				
	Year		Description of	Woı	·k		Gross Receipts	
18.	For each of the r	paet 4 years provide:						
10.	For each of the past 4 years, provide: Year *Annual Employee Payroll Gross Annual			Rec	eipts (total revenue)	**Subco	ntracted Costs	
		, , , , , , , , , , , , , , , , , , ,						
		ee Payroll - do not include payroll f Costs = labor plus materials you p				urchased by	subcontractor	
19.		ber of jobs performed annually (indic			The dotor of different and per	aronacca by c		
	Exterior jobs over 3 stories Jobs on homes valued over \$1 million						on	
	Total jobs completed New homes worked on in any one tract, subdivision or development Condo projects Apartments/townhomes/co-op bldgs over 12 units							
						over 12 units		
20.	Check (✓) all tha	t apply for persons or entities nam	ed in the application	n:	☐ Check if None)		
	☐ Any claims against your insurance in the past 5 years				Filed any mechanics liens against customers			
	☐ Had any prior insurance cancelled, declined or non-re- newed				Ever been sued or had a demand for arbitration regarding faulty/defective construction			
	☐ Have any lawsuits or arbitrations or disputes pending in which you are being assisted by a lawyer				Have any operations related to any project insured under a Wrap-up insurance program			
	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				Ever declared banckruptcy			
					Ever failed in business Have pending or prior IRS liens			
	☐ Operated for any period without insurance				3 - P			
		that have been checked:						
	Explain all italia	and have been enconed.						

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PRIOR CARRIER INFORMATION:									
1.		Year		Year	Year	Yea	ar	Year	
	Policy Period:								
	Carrier:								
	Policy Number:								
	ND INFORMATION	N:					1		
1.	Type of Bond:					2.	Bond Am	ount:	
3.	Bond Term:	1 Year	2	Years [☐ 3 Years ☐	4 Years			
4.	Residence Inform		Own \square	Rent C	urrent Market Value:		Loan Ba	alance:	
5.	Any prior Bond L	osses?	Yes	No If ye	s explain:				
					lyment of a loss or bene o fines and confinement		gly present	s false information in	
	IMPORTANT:	THIS AFFEC	TS THE VA	LIDITY OF Y	OUR POLICY - PL	EASE REA	AD BEFO	ORE SIGNING	
The undersigned, as a condition precedent to issuance of an insurance policy, hereby states that within the last 5 (five) years the Company listed below has made no claims against their insurance, has had no claims made against their insurance, has had no lawsuits or counterclaims filed against them, and has had no claims made against them which were tendered to, adjusted by, received by any insurance carrier, except as described below in "Exceptions/Claims History". The undersigned acknowledges that this Certification is being relied upon by CBIC and is submitted to induce CBIC to issue insurance for the undersigned, and that if an undisclosed claim has occurred within the last 5 years, the submission of this Certification by the undersigned constitutes a material misrepresentation that will void or rescind their policy and eliminate insurance coverage (both for defense and indemnity), that they might otherwise have. In the event that CBIC were to make any payments under these circumstances, CBIC will seek reimbursement for such payments from the undersigned to the fullest extent allowed by law. By signing this Certification the representative of the undersigned Company warrants that they have the knowledge and authority to bind the Company and to truthfully make the representation herein, and that for any claim or matter for which they are uncertain, they will not omit the matter but will instead state "unknown" the appropriate line below. Exceptions/Claims History (attach additional sheet if necessary):									
Y	⁄ear		Nature of I	Loss or Claim			0	utcome	
relea	ase of any such in	formation to CB	IC. This applica	ation, including	edit reporting agency or all supplements, attach same extent as if physic	nments and re	esponses t		
C	Company:		(Print or type Full But		By:		(Print Na		
			(Print or type Full Bu	siness Name)			(Print Na	ame)	
ć	Signed:							Date:	
				(Named Insured	i)				

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