



Prospect Name: _____

Renewal Date: _____

Quote for Artisan Contractors

Business Information

Business Name: _____

First Insured Last Name: _____ First Insured First Name: _____

Business Address: _____ City _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Web Address: _____ FEIN: _____ SIC Code: _____

Business Entity: [] Individual* [] Partnership [] Corporation [] LLC [] Joint Venture [] Association [] Other

Are there Personal Lines Policies with Insured with Farmers? (Yes / No)

*Personal Lines Household Number: _____

How many Additional Interests (Mortgagees/Loss Payees/Additional Insured) are required? _____

In what year did the business start operations? (Yes / No)

Is this an established business with previous Insurance? (Yes / No)

Is Work Comp also insured with Farmers? (Account Completion Credit) (Yes / No)

Coverages available for this policy: (General Liability is only available based on Eligible SICs)

[] Auto* [] Property [] General Liability

Does applicant own any business auto? (Yes / No)

Is Non-Owned Auto Liability desired? (Yes / No)

Is Hired/Borrowed Auto Liability desired? (Yes / No)

Do you want Blanket Coverage to apply to all location's building and/or contents? (Yes / No)

Underwriting-General Questions

Is the applicant or their employees a general contractor or hold a current general contractor license? (Yes / No)

Has the applicant ever acted as a developer or plan to act as a developer in the future? (Yes / No)

Are any of the employees engage in or perform any type of design or architectural work? (Yes / No)

Does the applicant subcontract any work? (Yes* / No)

*Are all subcontractors hired by the applicant required to provide a certificate of insurance? (Yes / No)

*What percentage of gross annual receipts is work subcontracted by the applicant? _____



*What is the total Gross annual receipts for Applicants business? _____

*Is the applicant's work limited to renovating and remodeling on existing structures? (Yes / No)

Is the applicant holding any licenses under a different name or DBA or ever operated under
a different business name or DBA? (Yes / No)

Is the applicant engaged now or has been in the past 10 years constructing new multi unit
Residential projects with four units or more?(Yes / No)

How many years has the applicant owned the business as listed in the application? _____

Does the applicant engage in direct importing from overseas manufacturers? (Yes / No)

Do the applicants operations include snowplowing during seasonal months? (Yes / No)

Does the applicant install, service, or repair equipment for hospitals, medical centers,
Medical research facilities, schools or municipalities? (Yes / No)

Does the applicant provide water restoration services? (Yes / No)

Does the applicant engage in the sale and/or installation of refurbished equipment or appliances? (Yes / No)

Do the applicants operations include snowplowing during season months? (Yes / No)

Does the applicant provide 24 hour emergency service? (Yes / No)

Prior Carrier Information (Additional Information can be placed in Notes Section)

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____



FARMERS
BUSINESS INSURANCE

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Carrier Name: _____ Term Year: _____ Premium: _____

Auto Premium: _____ General Liability Premium: _____

Hard Copy of Loss Runs: (Yes / No) Losses: (Yes / No) Type of Loss: _____

Date of Loss: ___ / ___ / ___ Amount Paid: _____ Reserves: _____

Description: _____

Has the applicant had any Business Insurance Policy cancelled in the last 3 years? (Yes* / No)

*Why?: _____

(Please collect up to 5 years of Loss Runs)

Policy Details

Building Amount: _____ Contents Amount: _____

Deductible: _____ Wind / Hail Deductible: _____ (W/H States Only – TX, MN, SD, NE, & CO)

Number of Stories: _____

Actual Cash Value(ACV): (Yes / No) Year Built: _____

Construction:

- Frame Masonry Non-Combustible Masonry Non-Combustible Modified Fire Resistive Fire Resistive

Fire Sprinkler System: (Yes / No) Sprinkler Type: (Full / Partial)

Is more than 25% of the building occupied by others? (Yes / No)



FARMERS BUSINESS INSURANCE

of Full Time Employees: _____ # of Part Time Employees: _____
of Individual Proprietors: _____ # of Co-Partners: _____
of Corp Officers : _____

The following Liability coverage show only if both Property and GL are Selected

General Liability Aggregate / Products/Completed Operation Aggregate:

1,000,000 2,000,000 4,000,000

Premise Operation and Products Completed Operation Deductible: 1,000 2,500

Tenant Legal Liability: \$100,000

Medical Expense (any one person): \$5,000

Employee Benefit Liability 1,500 500,000 1,000,000

Employee's Liability (Stop Gap)* (ND, OH, WA, & WY Only)

* Number of Employees: _____

ND OH WA WY

General Liability Contractor Class Codes:

(Express will allow you to Look up Class Codes, if you are unable to obtain the Code)

Class Code: _____ Class Description: _____

Payroll: _____ Deductible: _____

Subcontracted Work: (Yes* / No) *Subcontract Class Code: _____

*Cost of Hired Subcontracted Work: _____

Class Code: _____ Class Description: _____

Payroll: _____ Deductible: _____

Subcontracted Work: (Yes* / No) *Subcontract Class Code: _____

*Cost of Hired Subcontracted Work: _____



Class Code: _____ Class Description: _____

Payroll: _____ Deductible: _____

Subcontracted Work: (Yes* / No) *Subcontract Class Code: _____

*Cost of Hired Subcontracted Work: _____

Class Code: _____ Class Description: _____

Payroll: _____ Deductible: _____

Subcontracted Work: (Yes* / No) *Subcontract Class Code: _____

*Cost of Hired Subcontracted Work: _____

Additional Questions

Building Improvements / Renovations at this Location:

Has the building undergone a comprehensive renovation since it was originally built? (Yes / No)

(Comprehensive renovation means complete gutting to the exterior walls with completely new interior walls, plumbing, heating, wiring and roof.)

Enter renovation date: ___ / ___ / ___

Wiring Year: _____ Roofing Year: _____ Plumbing Year: _____ Heating Year: _____

Employee Tools Coverage: _____

Contractors Tools and Equipment NON-OWNED : _____

Contractors Tools and Equipment SCHEDULED : _____

Auto Coverage Section

Auto Details

Are there any vehicles leased to others? (Yes / No)

Is there hazardous cargo or hauling of goods, materials, or commodities that require Department of Transportation signs or lettering? (Yes / No)

Are there any hold harmless agreements required? (Yes / No)

Are there courtesy vehicles? (Yes / No)

Are there Public Transportation Exposures – other than Courtesy vehicles? (Yes / No)

Are there specialty uses or is there sponsoring of Special Events? (Yes / No)

Are there any oversized, overweight or unstable loads? (Yes / No)

Are any vehicles used for the following? None Garbage and Recycling Door to Door Sales



Residential Mail / Newspaper delivery Residential package delivery Ice Cream Vendors

Are there high-valued goods, including merchandize subject to theft? (Yes / No)

Are there any vehicles that have Permanently Mounted Special Equipment? (Yes / No)

Are there any vehicles that have been customized, altered, or that have Special Equipment? (Yes / No)

Description of Business Operations: _____

Driver Information

1.) First Name: _____ Last Name: _____ DOB: __/__/____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

2.) First Name: _____ Last Name: _____ DOB: __/__/____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

3.) First Name: _____ Last Name: _____ DOB: __/__/____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

4.) First Name: _____ Last Name: _____ DOB: __/__/____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

5.) First Name: _____ Last Name: _____ DOB: __/__/____

Drivers License Number: _____ State of License: _____ International License: (Yes / No)

Vehicle Information (*Required for Medium to Heavy Truck)

1.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)



Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

2.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

3.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)



4.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

5.) Make: _____ Model: _____ Year: _____ Body Type: _____

Vehicle Type: _____ VIN: _____ Radius: _____

Garaging City: _____ State: _____ Zip: _____ Registered in same State: (Yes / No)

Has the Vehicle been customized or altered or does it have special equipment? (Yes / No)

Use: (Service / Retail / Commercial)

*Secondary use: Contractor (other than Dump Trucks) Farmers Dump and Transsit Mix Truck and trlrs

Food Delivery Logging and Lumbering Specialized Delivery Truckers Waste Disposal

Not otherwise Specified

*Special Provisions: Vehicle used in Dumping Operations (Yes / No)

Other Policy Lines:

Workers Compensation Company: _____ X-Date: ___ / ___ / ___

Umbrella Company: _____ X-Date: ___ / ___ / ___

Employment Practices Company: _____ X-Date: ___ / ___ / ___

Pollution Liability Company: _____ X-Date: ___ / ___ / ___

Business Life Company: _____ X-Date: ___ / ___ / ___

Personal Lines Company: _____ X-Date: ___ / ___ / ___

