

# Artisan Contractor Supplemental Questionnaire

IMPORTANT NOTICE: This questionnaire is an integral part of the application. Please ask for clarification if you do not understand a question. If a policy is issued, the answers in the questionnaire are considered warranties by you, in consideration for United Fire Group providing general liability insurance and workers compensation. Each answer is material to the decision of United Fire Group whether to provide the insurance. Your failure to provide a complete and accurate answer to any question may result in rescission of the entire policy, which means the **policy could be void from inception** and you may not be covered.

Named Insured \_\_\_\_\_

Social Security # \_\_\_\_\_ FEIN \_\_\_\_\_

Web Address: \_\_\_\_\_ Contractor License Number (if applicable): \_\_\_\_\_

## BUSINESS PROFILE QUESTIONS

1. List all the states where you plan to work in the next year or have worked in the past:

2. Provide the current year and an estimate for the next 12 months.

	Total Receipts	Subcontracted Costs	Office Employee Payroll*	Field Employee Payroll*	Number of Employees
Current Year	\$	\$	\$	\$	#
Estimates	\$	\$	\$	\$	#

\*exclude owner

3. Describe type of work subcontracted to others.

4. Have you ever or do you currently act as a general contractor or project manager? (Circle if either applies.)

If yes, explain

5. List the four most recent jobs of applicant.

Customer Name, Description of Job, Address	Cost of Job	Length of Job
	\$	
	\$	
	\$	
	\$	



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6. Does applicant require subcontractors to add applicant as an additional insured to their policy..... Yes  No
7. Does applicant require written contracts or agreements with subcontractors?..... Yes  No  
If yes, do the contracts provide a hold harmless agreement in your favor? ..... Yes  No

8. Does applicant require certificates of all subcontractors on file? ..... Yes  No
9. Does applicant keep certificates of all subcontractors on file? ..... Yes  No  
How long are certificates maintained? \_\_\_\_\_ Years
10. Indicate the percentage of work performed by applicant.  
Commercial \_\_\_\_\_ % Residential \_\_\_\_\_ %

**WORK PERFORMED QUESTIONS**

11. Has the applicant ever performed any of the following?

	Past	Present	Future	Subcontracted	Please Explain
■ Airport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Alarm Hook-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Asbestos Installation/Abatement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Blasting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Boiler Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Dam/Levees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Demolition or Structural Alterations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Drywall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Installed Drywall manufactured outside United States or Canada	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
■ EIFS/Stucco	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Electrical Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Electrical Work/High Voltage over 480 volts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Elevator Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Equipment Rental to Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Equipment Rented to Others with Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Finish Grading (Finish graders are responsible for grading lots after the home is built to facilitate drainage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Fire Suppression Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Fracking for Gas and Oil Fields	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Green Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Level of Certification	_____				



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	Past	Present	Future	Subcontracted	Please Explain
■ Hauling Goods of Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Hospital Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Insulation (foam)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Irrigation/Flood Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Mine Operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Mold Remediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Multi-unit Apartment, Condo, Townhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	# of Homes in any one tract _____				
■ New Home Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	# of Homes _____	Average Cost per home _____			
■ Oil and Gas or Refinery Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Paper General Contractor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Pollution Clean-Up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Retaining Wall Over 4 Feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Seismic Retrofitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Slope and Hillside Work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
	If yes maximum grade? _____				
■ Solar Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Street/Road/Bridge/Tunnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Swimming Pools or Ponds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Traffic Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Water/Sewer/Gas Main	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Water/Fire Restoration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Waterproofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
■ Wind Turbines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____



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**N.J. Law P.L. 1995, c. 132:** Any Person who includes any false or misleading information on the application for an insurance policy is subject to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

**For PA Submissions:**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties. The information in this application is correct to the best of my knowledge and belief.

I certify that the information in or attached to this questionnaire is true, complete and correct based on business records and my personal knowledge. I understand that United Fire Group may rescind coverage if I have not provided accurate and complete information in this questionnaire. I grant United Fire Group authorization to order a credit report on my business and/or me.

Owner or Officer's Name	Agent's Name	
Title	Agent's Signature	Date
Owner or Officer's Signature	Date	Expiring UFG policy number, if applicable



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