



**TEXAS CONSTRUCTION INSURANCE COMPANY
RISK RETENTION GROUP, INC.**

5700 GRANITE PARKWAY, SUITE 500
PLANO, TX 75024
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info@texas-construction.com

ARTISAN CONTRACTORS' SUPPLEMENTAL APPLICATION

DATE: _____

General Information

1. Applicant _____
2. Doing Business As _____
3. Mailing Address _____
4. City _____ State _____ Zip _____
5. Contact Person _____ Title _____
6. Day Phone _____ Evening Phone _____ Fax _____
7. Web Site _____
8. Describe the nature of your business and the services that you provide your clients

General Eligibility Questions: Any "Yes" response to questions 1-20 means that the risk may not be eligible for the program. All "Yes" responses must be explained.

Please answer all questions based on Present and Future operations.

Yes No

- | | | |
|-----|-----|---|
| ___ | ___ | 1)Does/Will the applicant own or operate any other businesses – contracting or otherwise? |
| ___ | ___ | 2)Has applicant been adjudged bankrupt, insolvent, or had any liens placed against property within the past 5 years? |
| ___ | ___ | 3)Does/Will the applicant perform as a General Contractor for a "spec" home or as an Owner/Builder? |
| ___ | ___ | 4)Does/Will the applicant perform any roofing work, excluding work subcontracted out to others? |
| ___ | ___ | 5)Does/Will operations involve the use of asbestos, lead or other chemicals (<u>excluding</u> paints & Solvents)? |
| ___ | ___ | 6)Any <i>NEW</i> construction of condominiums, town homes, apartments or tract homes performed by the applicant? |
| ___ | ___ | 7)Does/Will the applicant perform work for Condominium, Townhouse or Homeowners Associations (not including work for individual unit owners)? |
| ___ | ___ | 8)Does/Will the applicant perform exterior work above 3 stories? |
| ___ | ___ | 9)Does/Will the applicant perform work more than 3 feet below grade? |
| ___ | ___ | 10)Does/Will the applicant <i>excavate or grade</i> lots as a subcontractor to others? |
| ___ | ___ | 11)Any <i>framing</i> work performed as a subcontractor to other contractors by the applicant? |
| ___ | ___ | 12)Any <i>foundation/slab</i> work performed as a subcontractor to other contractors by the applicant? |
| ___ | ___ | 13)Does/Will the applicant work on trees requiring ladders, cherry pickers, or other lift devices? |
| ___ | ___ | 14)Any <i>seismic retrofit work</i> performed by the applicant (<u>excluding</u> incidental strapping of water heaters)? |

1) Does/Will the applicant work on any of the following operations, excluding work subcontracted to others?

Please "X" the applicable box:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Computer Repair or Service Work	___	___	Drainage Problems
___	___	Elevator Work	___	___	Fiber Optics/Co-Axial installation (outside premises)
___	___	Fire or Flood Restoration Work	___	___	Fire/Burglar Alarms
___	___	Fire Sprinkler/Suppression Systems	___	___	Gas Lines (except within structures)
___	___	Retaining Walls (NOT garden planters)	___	___	Satellite Dish Installation
___	___	Septic Tanks	___	___	Sewer or Water Mains (outside premises)
___	___	Solar	___	___	Street Sweeping
___	___	Swimming Pool Repair or Construction	___	___	Tree or Stump Removal

2) Does/Will the applicant work on any of the following types of facilities?

Please "X" applicable box:

<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>	
___	___	Airports	___	___	Bridges
___	___	Chemical Plants	___	___	Dams
___	___	Food Control	___	___	Gas Stations
___	___	Hospitals/Surgical Centers	___	___	Irrigation Projects
___	___	Railroads	___	___	Refineries
___	___	Roads	___	___	Ship Repair/Pier Work

Yes No

- ___ ___ 17) Any janitorial work by the applicant for banks, restaurants, grocery stores, hotels/motels or residences, or any floor waxing?
- ___ ___ 18) Any work performed on playgrounds, city parks or athletic fields by the applicant?
- ___ ___ 19) Any work involving "Synthetic Stucco" or Exterior Insulation Finishing Systems (EIFS) performed by the applicant?
- ___ ___ 20) Any structural repair of Dry Rot or Termite Damage performed by the applicant?

INDICATE TYPE OF CONTRACTING PERFORMED: (Must Total 100%)

	TYPE	LIC. #	SIC CODE	%
PRIMARY:				
SECONDARY:				

100%

INDICATE % OF WORK

NEW CONSTRUCTION		COMMERCIAL		INSIDE BUILDING	
REMODELING		INDUSTRIAL (Explain)		OUTSIDE BUILDING	
DEMOLITION (Explain)		RESIDENTIAL		OTHER:	
REPAIR		INSTITUTIONAL		OTHER:	

100%

100%

100%

Do you build new residential homes? Yes No

If Yes, describe all new construction (use additional paper if needed): _____

LIST ALL PROJECTS FOR LAST 12 MONTHS (Include description of project/type of work done, its location and cost. Small repair jobs can be grouped together. Use separate sheet if necessary)

Name/Description of Project	Type of Work	Location	Cost

Years Operating Own Business _____ Years of Trade Experience _____ Radius of Operations _____

Estimated Employee Payroll (Current Year): \$ _____
 (DO NOT INCLUDE ANY OWNERS OR EMPLOYEES WHOSE DUTIES ARE EXCLUSIVELY CLERICAL)

Estimated Receipts (Current Year): \$ _____

Number of Active Executive Officers, Co-Partners and Proprietors _____ Payroll \$ _____

Estimated Cost of Subcontracted work \$ _____

PAST 12 MONTHS (ACTUAL): PAYROLL \$ _____ SUBCONTRACT COST \$ _____
 RECEIPTS \$ _____

OTHER UNDERWRITING INFORMATION (Explain all "YES" or "NO" responses, as applicable, below or on another sheet)

Yes No

- ___ ___ 21) Does the applicant require to be named as additional insured on all subcontractors' General Liability Policies?
If No, explain.
- ___ ___ 22) Does the owner supervise daily jobs or operations directly? If No, explain.
- ___ ___ 23) Does the applicant hold other people's property for service or repair? If Yes, explain.
- ___ ___ 24) Does the applicant always check with the local utility authority before digging? If No, explain.
- ___ ___ 25) Does the applicant do any spray painting?
(If Yes, explain over-spray prevention measures; \$2,500 min. Deductible)
- ___ ___ 26) Any hood exhaust or duct cleaning work performed by the applicant? If Yes, explain.
- ___ ___ 27) Any pressure washing or sandblasting of buildings, autos or machinery performed by the applicant?
If Yes, Explain.
- ___ ___ 28) Does the applicant manufacture or perform work on railings, stairs, window bars, security gates or operations involving welding of these items? If Yes, explain.
- ___ ___ 29) Any work performed on boilers and/or machinery by the applicant? If Yes, explain.
- ___ ___ 30) Any work performed on walkways for handicapped access or ADA compliance installation work by the applicant?
If Yes, please explain.
- ___ ___ 31) Did/Does/Will the applicant perform other types of operations not associated with any aforementioned operations?
If Yes, explain.
- ___ ___ 32) Does the applicant have any prior claims and/or any knowledge of potential claims from their operations prior to policy inception? If Yes, explain.
- ___ ___ 33) Is applicant aware of any litigation against his/her business in the past five years? If Yes, please explain.

Additional Remarks: (Use a separate sheet of paper if necessary)

ACKNOWLEDGEMENT & REPRESENTATIONS OF APPLICANT

APPLICANT AUTHORIZES RRG TO GATHER CREDIT AND OTHER GENERAL INFORMATION ON THE APPLICANT FOR THE PURPOSES OF EVALUATING THE ACCEPTABILITY OF THE APPLICANT AND THE INSURANCE APPLICATION. RRG WILL NOT GIVE THIS INFORMATION TO ANY THIRD PARTIES WITHOUT THE CONSENT OF THE APPLICANT OR AS REQUIRED BY LAW.

THE UNDERSIGNED APPLICANT WARRANTS THAT THE ABOVE STATEMENTS AND PARTICULARS, TOGETHER WITH ANY ATTACHED OR APPENDED DOCUMENTS OR MATERIALS ("THIS APPLICATION"), ARE TRUE AND COMPLETE AND DO NOT MISREPRESENT, MISSTATE OR OMIT ANY MATERIAL FACTS.

1. THE APPLICANT UNDERSTANDS THAT THE COMPANY RELIED UPON THE INFORMATION CONTAINED WITHIN THIS APPLICATION TO DETERMINE ACCEPTABILITY, RATES AND COVERAGE.
2. THE APPLICANT UNDERSTANDS THAT ANY MISREPRESENTATION OR OMISSION SHALL CONSTITUTE GROUNDS FOR RECISSION OF COVERAGE AND DENIAL OF CLAIMS.
3. THE APPLICANT UNDERSTANDS THE COMPANY IS NOT OBLIGATED NOR UNDER ANY DUTY TO ISSUE A POLICY OF INSURANCE BASED UPON THIS APPLICATION. THE APPLICANT FURTHER UNDERSTANDS THAT, IF A POLICY IS ISSUED, THIS APPLICATION WILL BE INCORPORATED INTO AND FORM A PART OF SUCH POLICY.
4. IF THE APPLICANT BECOMES AWARE THAT ANY RESPONSE ON THIS APPLICATION BECOMES INACCURATE AS A RESULT OF INFORMATION OR CHANGE OF CIRCUMSTANCES BEFORE A POLICY IS ISSUED, THE APPLICANT MUST INFORM THE COMPANY OF SUCH CHANGE, IN WRITING, AND ANY POLICY ISSUED BEFORE SUCH NOTIFICATION IS SUBJECT TO IMMEDIATE CANCELLATION.
5. THE APPLICANT AUTHORIZES THE COMPANY TO MAKE ANY INVESTIGATION AND INQUIRY IN CONNECTION WITH THE QUESTIONNAIRE AS IT MAY DEEM NECESSARY. THE UNDERSIGNED, BEING AUTHORIZED BY AND ACTING ON BEHALF OF THE PROSPECTIVE INSURED, REPRESENTS THAT THE ANSWERS GIVEN ARE TRUE. FAILURE TO PROVIDE TRUTHFUL ANSWERS AND ALL MATERIAL INFORMATION CAN RESULT IN THE COMPANY ELECTING TO CANCEL, REFORM AND/OR RESCIND THE POLICY.
6. THE APPLICANT AGREES TO SAFETY/LOSS CONTROL VISITS AS REQUIRED BY THE INSURER, TO COMPLY WITH LOSS CONTROL RECOMMENDATIONS, AND TO PARTICIPATE IN SAFETY/LOSS CONTROL PROGRAMS.

("APPLICANT", "YOU", "YOUR" AND SIMILAR WORDS REFER TO THE PROSPECTIVE INSURED)

APPLICANT TITLE (DATE)

I HAVE EXPLAINED THE APPLICATION MATERIALS AND THE POLICY PROVISIONS TO THE APPLICANT'S SATISFACTION. THE APPLICANT HAS PERSONALLY SIGNED THE APPLICATION.

PRODUCER (DATE)

ANY PERSON WHO, WITH INTENT TO DEFRAUD OR KNOWING THAT HE 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.

The policy issued will contain the following Notice: Your risk retention group may not be subject to all of the insurance laws and regulations of your state. State insurance insolvency guaranty funds are not available for your risk retention group. Therefore, these funds will not pay your claims or protect your assets if *your risk retention group*, the insurer, becomes insolvent and is unable to make payments as promised.