



**SURPLUS INSURANCE
BROKERS AGENCY, INC.**

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**Artisan Contractors EZ Rate Indiana
Informational Flyer**

NOTE: Please Return This Informational Flyer with the Application.

ELIGIBILITY

This is designed for the small to medium-sized building or service contractor. Refer to the rate page attached for types of eligible operations.

PREQUALIFICATIONS

	YES	NO
1. Have you, or are you, planning to work on more than 15 units in any one residential development? <i>Unit means one home, one town home unit, or one condo unit.</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your cost of subcontractors exceed 50% of gross receipts?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your receipts exceed \$500,000?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been in business less than a year and have less than two years experience?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had any losses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had OSHA violations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a real estate developer or construction manager?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been named in a suit for defective workmanship?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you employ architects or engineers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS a.k.a. synthetic stucco)?	<input type="checkbox"/>	<input type="checkbox"/>

**IF YES TO ANY OF THE ABOVE, OR IF THE OPERATION IS NOT LISTED ON THE EZ RATE PAGE FOR YOUR STATE,
Contact Surplus Insurance Brokers Agency, Inc. (800) 342-5706**

BASIC COVERAGE

Commercial General Liability Coverage is provided by the ISO Occurrence Coverage Form. Medical Payments, Damage to Premises Rented to You, and Personal and Advertising Injury are included in the rates shown. The policy is subject to audit and the premiums are both minimum and deposit. A deductible applies only if shown on the rate page. All seasonal risks are written on a fully earned basis. **Premium is 25% fully earned at the time of binding.**

OPTIONAL COVERAGE

Commercial Property

- Business Personal Property Coverage up to \$50,000
- Subject to \$500 deductible
- Basic Cause of Loss Form

Commercial General Liability

- Tree Trimmers Property Damage Coverage sub limits of \$10,000 and \$25,000 available

Inland Marine

Installation Coverage

- Up to \$25,000 jobsite limits available
- \$500 deductible
- Special Form

Contractor's Equipment Coverage

- Named Causes of Loss or Special Form
- \$500 deductible
- Limits up to \$50,000 on medium-sized equipment (eligible equipment must be more than \$1,500 per item)

BINDERS

You **do not** have binding authority. This flyer is to assist you in developing a premium indication. Contact *Surplus Insurance Brokers Agency, Inc.*, for further information. **Coverage is placed with an eligible surplus lines insurer with an A+ A.M. Best rating.**

Artisan Contractors EZ Rate Indiana Application

Description of Operations

1. Describe your operations. _____
 2. Years in business _____ Years of experience in this field _____
 3. Percent of your work performed by or on behalf of the named insured:

New construction _____%	Remodeling _____%	Repairs _____%	= 100%
Outside Building _____%	Inside Building _____%	Industrial _____%	= 100%
Residential _____%	Commercial _____%		= 100%
 4. Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/ improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.): _____
 5. Do you use subcontractors? Yes No If yes:
 - a. What is your Total Cost of Work (including materials) Subcontracted to Others? \$ _____
 - b. Do you request certificates of insurance from subcontractors? Yes No
 - c. Limits required _____
 - d. Describe all contracts and/or hold harmless agreements, whether written or oral. _____
 - e. Describe type of work subcontracted to others: _____
 6. What are your total gross sales? \$ _____
 7. What is your total payroll (excluding owner(s) and clerical)? \$ _____
 8. Certificate Recipients/Additional Interests

Name & Address	Interest	Additional Insured
		<input type="checkbox"/>
		<input type="checkbox"/>
 9. Do you construct any residential or commercial:

	Yes	No
a. Footings or foundations?	<input type="checkbox"/>	<input type="checkbox"/>
b. Slab or monolithic floors?	<input type="checkbox"/>	<input type="checkbox"/>
c. Chimneys?	<input type="checkbox"/>	<input type="checkbox"/>
d. Retaining walls or site preparations?	<input type="checkbox"/>	<input type="checkbox"/>
e. Door, window or assembled millwork?	<input type="checkbox"/>	<input type="checkbox"/>
f. Do you anticipate getting into any of this type of work?	<input type="checkbox"/>	<input type="checkbox"/>
 10. Do you draw plans, designs or specifications? Yes No
 11. Do you do excavation, tunneling, underground work or earth moving? Yes No
 12. Do you perform operations that include blasting or utilize explosive material? Yes No
 13. Do you rent or loan machinery or equipment to others? Yes No
 14. Have you ever sold, acquired or discontinued any operations in the last 5 years? Yes No
 15. Do you specialize in any part of the construction of the following types of buildings?

• Nursing Homes	• Condominiums	• Hotels/Motels	• Apartments
• Day Care Centers	• Hospitals	• Multi-Family Habitational	
- If yes, explain. _____
- Attach a list of jobs completed in the last 3 years and jobs currently in progress.*

16. Is your business a Janitorial Service? Yes No

If yes, what percentage of your operation is floor waxing? _____%

As relates to floor waxing, the following surcharges apply:

<15% - 1.00; 15-25% - 1.35; 26-35% - 1.50; 36-50% - 1.75; >50% - Prohibit



Artisan Contractors Application cont.

00 01 Prgm

Producer Information

Name of Producer and Agency _____
 Address _____
 Producer's Phone Number _____
 Effective Date _____ Term Desired _____

Applicant Information

1. Named Insured _____
(The name shown first is the First Named Insured and is responsible for premium payment, cancellation and changes – refer to policy wording)
 2. Mailing Address _____
 3. Business Address _____
 4. Entity Individual Partnership Corporation Trust Other _____
 5. Audit Contact Name: _____ Phone: _____

Coverages

Please specify the type of coverage and limits required.

Coverage Type	Limit
<input checked="" type="checkbox"/> General Liability (Required)	
<input checked="" type="checkbox"/> Premises Operations	Each Occurrence \$ _____
	General Aggregate \$ _____
Personal and Advertising Injury (Included)	Same as Occurrence
Medical Payments (Included)	\$5,000
Damages to Premises Rented to You (Included)	\$100,000
<input checked="" type="checkbox"/> Products/Completed Operations	Aggregate \$ _____
<input type="checkbox"/> Business Personal Property (Optional)	\$ _____
<input type="checkbox"/> Inland Marine (Optional)	
<input type="checkbox"/> Installation Floater <input type="checkbox"/> Include Theft (\$250 Deductible) <input type="checkbox"/> Exclude Theft	\$ _____
<input type="checkbox"/> Contractor's Equipment	\$ _____

Prior Insurance

6. Please provide details of prior insurance carrier and losses whether covered by insurance or not for the past three full years.
 (Attach a separate page if needed)

Year	Carrier/Policy Number/Premium	Coverage	# of Losses	Amount	Description of Losses

7. Has insurance of this type been canceled, refused or non-renewed by any company during the past three years?
 Yes No If yes, give name of company, date and reason. _____

8. New Operation? No coverage carried? (explain) _____



Artisan Contractors Application cont.

Optional Coverages

Business Personal Property (Answer only if coverage is desired)

9. Premium Address _____
 10. Protection Class _____ Age of Building _____ Construction _____

Inland Marine (Answer only if coverage is desired)

11. Where is equipment stored at night? Jobsite Home Other _____
 12. If equipment is stored at jobsite, describe theft protection. _____
 13. Is fire extinguishing equipment maintained on each piece of equipment? Yes No
 14. Operator's experience operating similar equipment? _____ Years
 15. Have any payments been delinquent in the past six months on the equipment being insured? Yes No
 16. Please provide full details of the equipment in the following table. (Attach a separate page if needed)

Unit	Model Year	Unit Description	Manufacturer	Model	Serial Number	Limit
1						
2						
3						

Premium Computations (This policy is subject to a \$75. Policy Fee and 2.5% Surplus Lines Tax.)

A. General Liability

Class Code	Premium Basis	Rate per \$1,000	Premium	Minimum Premium \$
_____	_____	_____	\$ _____	(MP only applies if sum of classes is less than MP)
_____	_____	_____	\$ _____	
91583 (Subs)	_____	_____	\$ _____	
Additional Insureds:	_____ X	\$100 each	\$ _____	
			Total GL Premium	A. \$ _____

B. Business Personal Property

Limit	Rate per \$100	Premium	Minimum Premium
_____ X	_____	= _____	\$ _____

B. \$ _____

C. Installation Floater

Limit	Rate per \$100	Premium	Minimum Premium
_____ X	_____	= _____	\$ _____

C. \$ _____

D. Contractor's Equipment

Limit	Rate per \$100	Premium	Minimum Premium
_____ X	_____	= _____	\$ _____

D. \$ _____

E. Tree Trimmers Property Damage

Limit	Rate per \$100	Premium	Minimum Premium
_____ X	_____	= _____	\$ _____

E. \$ _____

Total Premium (A + B + C + D + E)	\$ _____
Total Policy Fee	\$ 75.00
Surplus Lines Tax, 2.5% of Premium and Policy Fee	\$ _____
Total Due	\$ _____

Terrorism Disclaimer (N-3335) has been given to applicant? Yes No

Agent's Signature _____
 Insured's Signature _____

Date _____
 Date _____





Scottsdale Indemnity Company

SCOTTSDALE

SURPLUS LINES INSURANCE COMPANY

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended pursuant to the Terrorism Risk Insurance Program Reauthorization Act of 2015, effective January 1, 2015 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified acts of terrorism" means any act that is certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government agrees to reimburse eighty-five percent (85%) of covered terrorism losses in calendar year 2015 that exceed the statutorily established deductible paid by the insurance company providing the coverage. This percentage of United States Government reimbursement decreases by one percent (1%) every calendar year beginning in 2016 until it equals eighty percent (80%) in 2020. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 billion cap that limits United States Government reimbursement as well as insurers' liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2015 is scheduled to terminate at the end of December 31, 2020, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2020, any terrorism coverage as defined by the Act provided in the policy will also terminate.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

	I hereby elect to purchase certified terrorism coverage for a premium of <u>5% of the premium plus 2.5% tax..</u> I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date