TOPA INSURANCE COMPANY

TPCI Supplemental - Artisan Contractors

Insured Name:	Years of industry experience:	Full time employees:
		Part time employees:

Security/Surveillance at Insured Premises (check all that apply):

- ☐ Video Surveillance
- ☐ No Security or Surveillance

Security Service:	Employees	Contractors
Armed	☐	☐
Unarmed	☐	☐

For contracted security services: Does the security company name the applicant as additional insured in their GL and Security Guard E&O policy? ☐ Yes ☐ No ☐ N/A

Liability Information

☐ ***Check here if there is no vacant land (if checked, this section may be skipped)***

# of Acres:	Is any land being used as hunting preserves or dude ranches?	☐	Yes	☐	No	
Explain any plans for development of vacant land in the next two years:						
Please provide percentage of work done per clientele type: Residential: % Commercial: % Industrial: %						
Does the applicant obtain certificate of insurance from all subcontractors showing minimum limit that is equal to the liability limit requested?	☐ Yes	☐ No	☐ N/A - no subcontractor is used			
Does the applicant obtain a standard written agreement from all sub-contractors?	☐	Yes	☐	No	☐	N/A
Does each subcontractor indemnify and hold the applicant harmless?	☐	Yes	☐	No	☐	N/A
Does each subcontractor name the applicant as additional insured in their liability policy?	☐	Yes	☐	No	☐	N/A
Have the appropriate trade licenses been maintained throughout the business' operational years?	☐	Yes	☐	No		
Has the applicant operated as a general contractor, construction/ project manager or real estate developer within the last 10 years?	☐ Yes ☐ No	If yes, explain:				
Indicate all current license number(s) and name on the license(s):						
Does the applicant perform work on new, residential buildings (dwellings, apartments or condos)?	☐ Yes ☐ No	If yes, provide details (type of job and size):				
Any operations (past or present) involving demolition/wrecking, explosives/blasting, insulation, hazardous material or pollution abatement, high pressure boiler or liquid petroleum gas (LPG)?					☐ Yes ☐ No	
Indicate all that apply:	☐ Use of Cranes	☐ Use of Scaffolding	☐ Exterior work above 4 stories		☐ None	
Provide details for responses other than "none":						
Has the applicant participated (past or present) in a project with a consolidated insurance program (wrap-up)?	☐ Yes ☐ No	If yes, explain nature of project, time period and applicant's involvement:				

THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO THE QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO BEST OF HIS/HER KNOWLEDGE. FOR YOUR PROTECTION CALIFORNIA LAW REQUIRES THE FOLLOWING STATEMENT: ANY PERSON WHO KNOWINGLY PRESENTS FALSE OR FRAUDULENT INFORMATION TO OBTAIN OR AMEND INSURANCE COVERAGE OR TO MAKE A CLAIM FOR THE PAYMENT OF A LOSS IS GUILTY OF A CRIME AND MAY BE SUBJECT TO FINES AND CONFINEMENT IN STATE PRISON.

Producer's Signature:	Producer's Name (Please Print):	
Applicant's Signature:	Date:	National Producer Number:
Applicant's Name (Please Print):		