



**SUPPLEMENTAL APPLICATION FOR ARTISAN CONTRACTORS
-STATE OF ALASKA-**

(Codes: 5183, 5190, 5191, 5221, 5348, 5403, 5437)

Application/Policy# _____

Insured Name: _____ Federal ID #: _____

Effective Date: _____ Website: _____ Insurance Email: _____

Agency: _____ Contact: _____

Payroll Data - Provide historical payroll data by class (for current and prior 4 years), or x-mod worksheet if available. **Applicable only to policy years not insured by Republic Indemnity.**

Class:	_____	_____	_____	_____	_____
<u>YEAR</u>					
<u>Current</u>	_____	_____	_____	_____	_____
<u>1st Prior Yr</u>	_____	_____	_____	_____	_____
<u>2nd Prior Yr</u>	_____	_____	_____	_____	_____
<u>3rd Prior Yr</u>	_____	_____	_____	_____	_____
<u>4th Prior Yr</u>	_____	_____	_____	_____	_____

Loss Experience

If the insured has not been insured by Republic Indemnity for the latest 3-year term, please attach **currently valued loss runs** for any of those three years insured elsewhere **and most current experience modification worksheet** if available.

Operational Information

1. Detailed description of operations.

2. Length of time employer in business: _____

3. Number of Employees:

- Current employees: _____
- Number of temporary/seasonal employees: _____
- Number of W2s filed for latest reporting year: _____
- Number of employees: Increasing _____ Decreasing _____ Stable _____
- Number of part-time employees: _____
- Number of full time employees: _____

4. Mean wage for construction employees (exclude clerical/ sales): \$ _____ / hr.

5. Union Non-Union % of employees participating: _____ %.

6. **How many independent contractors are used?** _____

How many 1099 forms are issued to individuals? _____

How many 1099 forms are issued to companies/organizations? _____

If there are independent contractors, what kind of work do they perform? _____

Are independent contractors covered under a statutory Workers' Compensation Insurance policy and do they provide Certificates of Insurance? Yes No

7. Group Medical provided: Yes No Name of Group Medical Provider _____

% of employees participating _____ % of employer contribution _____

Paid Vacation: Yes No Paid Sick Leave: Yes No 401K or Pension: Yes No

8. Safety Program: Yes No
 Safety meetings held for all employees: Yes No
 Personal protective safety equipment provided: Yes No
 Accident investigation program in place: Yes No

9. Hiring Practices

Application: Yes No
 Check References: Yes No

10. Pre-employment physical? Yes No

11. Drug Screening Program/ Random Drug Testing? Yes No

12. Vehicle Information

Vehicle exposure: Yes No
 MVRs checked: Yes No
 # of vehicles: Commercial _____ Private Passenger _____
 Radius of operations: _____

13. Percent of Davis-Bacon work: _____%.

14. Percent of work on military base: _____%.

How many employees involved? _____
 Duration of job? _____
 Do employees stay overnight? Yes No If yes, how often? _____

15. Percent of **commercial** work: _____%. Percent new construction: _____%, Percent remodel service: _____%.

16. Percent of **residential** work: _____%. Percent new construction: _____%, Percent remodel service: _____%.

17. List last three projects, or list three current projects and locations:

18. Any remote site work? Yes No Provide Details (where, how often, duration, # of employees involved, mode of transportation, etc.): _____

19. Is there a formal safety program? Yes No **(If so, please provide details or a copy of the policy)**

Location (s) – Please complete for all locations of business operations:

	# Employees assigned to location (including those who work off premises)		# of Shifts	Maximum number of employees on premises at one time	# of Stories/ Floor # occupied by this business	Building Construction Type *(see below)
	Full-time	Part-time				
Location (1) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (2) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____
Location (3) _____ Street _____ City, State, Zip	_____	_____	_____	_____	_____/____	_____

If more than 3 locations, please continue on separate sheet.

*Types of Building Construction that closely matches the description of building that Insured occupies.
 Wood Frame, including masonry veneer Tilt-up concrete
 Unreinforced masonry Reinforced concrete
 Reinforced masonry Light gauge steel frame
 Mobile home Protected structural steel frame

Policy Specifications

Non Participating Plan _____ Participating _____ Program _____ Program Name: _____
 Commission % _____ Direct Bill _____ Agency Bill _____
 Producer Authorized Signature _____ Date _____