



Artisan Contractors and Handyman  
Supplemental Application

**ANAHEIM HILLS INSURANCE AGENCY**  
6507 E Serrano Ave, Ste. D  
Anaheim Hills, CA 92807  
(714) 974-2300 fax: (714) 637-6500

Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

Owner/Partner ( use \$ 16,000 per ) \$ \_\_\_\_\_ **Risk is acting as a (% of each):**  
 Employee Payroll: \$ \_\_\_\_\_ General Contractor \_\_\_\_\_ %  
 Uninsured Subcontractor Payroll: \$ \_\_\_\_\_ Subcontractor \_\_\_\_\_ %  
 Total Payroll: \$ \_\_\_\_\_  
 Subcontractor Cost: \$ \_\_\_\_\_  
 Total Receipts: \$ \_\_\_\_\_

**General Information**

License# & Type held \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_

**Type of Work Performed**  
 Room Additions \_\_\_\_\_ %  
 Repair/Service Work \_\_\_\_\_ %  
 Structural Work \_\_\_\_\_ %  
 Remodeling Work \_\_\_\_\_ %  
 Other \_\_\_\_\_ %

Ground Up Construction \_\_\_\_\_ %  
 % Residential \_\_\_\_\_ % (new residential \_\_\_\_\_ Yes \_\_\_\_\_ No) (Commercial Roofing Prohibited)  
 % Commercial \_\_\_\_\_ % Industrial \_\_\_\_\_ % = **MUST TOTAL 100%**

Type of work done by you and your employees: \_\_\_\_\_

- Alarm monitoring?  Yes  No Alarm monitoring subcontracted?  Yes  No
- Any mobile equipment leased without operators?  Yes  No
- Type of equipment leased? \_\_\_\_\_
- Any snow plowing operations?  Yes  No Street Cleaning  Yes  No Public Streets & Roads?  Yes  No
- Has the ins'd ever been involved in any construction of new residential properties i.e. Custom homes, Tract or Condo developments, apts or Town Homes in the past 10 years; or will they do so in the future?  Yes  No
- Have you ever been involved or are you involved in construction of residential room additions?  Yes  No
- Any LPG work?  Yes  No \_\_\_\_\_ % of total Any Floor waxing?  Yes  No \_\_\_\_\_ %
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, or glue while refinishing or working on floors or finishing/refinishing cabinets - \_\_\_\_\_

List the last 3 jobs including the cost of those jobs.

Location	Type of Job	Job Receipts
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	_____

Describe any losses: \_\_\_\_\_

**SUBCONTRACTED WORK**

- What work are the subcontractors hired to do?  
 \_\_\_\_\_ % \_\_\_\_\_ % \_\_\_\_\_ %
- Are certificates of insurance obtained prior to subcontractors starting work?  Yes  No  
 Minimum Limits Required \$ \_\_\_\_\_
- Are you named as an additional insured on the subcontractor's policy?  Yes  No
- Do subcontractors carry Worker's Compensation  Yes  No

**I hereby certify that all information is accurate to the best of my knowledge.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete, sign and date the form and fax to (714) 637-6500