



Artisan Contractors and Handyman  
**\*Discounted Insurance Program\***  
 Supplemental Application

**POLICY 1 INSURANCE SERVICES**

8175 E Kaiser Blvd, Ste 105  
 Anaheim, CA 92808-2214

Tel: (714) 974-2300 fax: (714) 637-6500

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

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

Owner/Partner (use \$ 16,000 per) \$ \_\_\_\_\_ **Business is acting as a:** \_\_\_\_\_ (% of each)  
 Employee Payroll: \$ \_\_\_\_\_ General Contractor \_\_\_\_\_ %  
 +Uninsured Subcontractor Payroll: \$ \_\_\_\_\_ Subcontractor \_\_\_\_\_ %  
 =Total Payroll: \$ \_\_\_\_\_  
 Subcontractor Costs: \$ \_\_\_\_\_ **Type of Work Performed:**  
 Total Annual Receipts: \$ \_\_\_\_\_ Room Additions: \_\_\_\_\_ %  
 Repair/Service Work: \_\_\_\_\_ %  
 NonStructural Remodel Work: \_\_\_\_\_ %  
 Other: \_\_\_\_\_ : \_\_\_\_\_ %

**General Info:**

CSLB Lic.#: \_\_\_\_\_  
 Years in Business: \_\_\_\_\_  
 Years of Experience: \_\_\_\_\_

Ground Up Construction is \_\_\_\_\_ % of my work.  
 (Ground Up Requires a Ground Up Application.)

Residential: \_\_\_\_\_ %  
 Commercial: \_\_\_\_\_ %  
**MUST TOTAL 100%**

Maximum# of Stories you work on: \_\_\_\_\_  
 Maximum Depth below grade: \_\_\_\_\_  
 Any Roofing Performed  Yes  No  
 If Yes, is it only done in conjunction with the remodeling jobs? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (Roofing Contractors Requires a Roofers Application)

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

- Alarm monitoring?  Yes  No Alarm monitoring subcontracted?  Yes  No
- Any mobile equipment leased?  Yes  No If yes, with or without operators?  With  Without
- Type of equipment leased if any? \_\_\_\_\_
- Any snow plowing operations?  Yes  No Street Cleaning  Yes  No Public Streets & Roads?  Yes  No
- Have you ever been involved in any construction of new residential properties such as Custom Homes, Tract Homes, or Condo developments, Apts, or Town Homes in the past 10 years?  Yes  No
- Do you plan to 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 Any Floor waxing?  Yes  No
- What precautions does the Insured take to properly ventilate the premises while applying or removing varnish, lacquers, paint or glue while refinishing or working on floors or finishing/refinishing cabinets:

• List your last 3 jobs including the cost of those jobs:

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

• Describe any losses in the past 3 years: \_\_\_\_\_  
 • \_\_\_\_\_

**WORK THAT YOU SUBCONTRACT OUT**

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

**"I hereby certify all information to be accurate to the best of my knowledge."**

Applicant Name, Title, & Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete ALL questions, sign & date this form,  
 then fax to: (714) 637-6500  
 or email to: [apply-discount@policy1ins.com](mailto:apply-discount@policy1ins.com)