



**Insurors  
Indemnity**

**INSURANCE MARKETS UNLIMITED  
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**ARTISAN CONTRACTORS QUESTIONNAIRE**

Applicant Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Agency: \_\_\_\_\_

Prior experience in this field? \_\_\_\_\_

Explain job performed (10-25 words)? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is prospect encumbered by any "Non Compete" contract? \_\_\_\_\_

Do you ever do any other type work:  Yes  No If so, what: \_\_\_\_\_

How many owners? \_\_\_\_\_ Do you use leased employees?  Yes  No

Number of Full time employees? \_\_\_\_\_ Number of Part time employees? \_\_\_\_\_

Payroll excluding owner? \_\_\_\_\_

Gross annual receipts: \$ \_\_\_\_\_ Sub-contractor costs if any: \$ \_\_\_\_\_

Radius of work: \_\_\_\_\_ What states has applicant contractor worked in the past 10 years? \_\_\_\_\_

Does applicant contractor work on residential?  Yes  NO

Does applicant contractor work on commercial buildings?  Yes  NO

Does applicant contractor work on industrial sites?  Yes  NO

Describe singles largest job in last 3 years. \_\_\_\_\_

Describe 3 largest jobs in past 3 years. \_\_\_\_\_  
\_\_\_\_\_

Describe 3 jobs in progress: \_\_\_\_\_  
\_\_\_\_\_

Any uninsured contractors or contract labor?  Yes  NO

Cost of uninsured contractors or contract labor? \_\_\_\_\_

Are certificates of insurance obtained from subcontractors?  Yes  NO

Maximum limit of liability to be same or higher limit as applicant contractor?  Yes  NO

That applicant contractor is named as Additional Insured on Sub's policy?  Yes  NO

That additional insured contain primary and non-contributing coverage?  Yes  NO

Is there any intention for change of operation in the next year?  Yes  NO

If so, what: \_\_\_\_\_

Company Workers Compensation Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Is applicant bonded? \_\_\_\_\_ Bond company and bond #: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_