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**CONTRACT BINDING ARTISAN/SERVICE CONTRACTOR
 SUPPLEMENT**
 (Include Acord Application)

Applicant's Name: _____ Location Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

State/Area of Operations: _____ Website Address: _____

Provide details of all your operations: _____

1) Applicant Operations: Years Experience: _____ Years in Business: _____

Number of Owners/Partners: _____ Payroll: _____ No. of Trade Employees: _____

Type of Work	Payroll	Operation	Percent	Type of Work	Percent
	\$	General Contractor	%	Residential/New	%
	\$	Artisan Contractor	%	Residential/Remodel	%
	\$	Subcontractor	%	Condos/Townhomes	%
	\$		%	Apartments	%
	\$		%		%
Uninsured Subs	\$		%		%
Other	\$		%		%
Insured Subs	\$		%		%
TOTAL	\$	TOTAL	100%	TOTAL	100%

2. Receipts/Sales: Current Year: _____ Previous Year: _____

3. Describe Equipment used in operations: _____

Cranes/Cherry pickers/lifts – Maximum height: _____

4. List three current or panned projects:

Customers Name & Project Description	Cost of Project	Duration of Project

5. List three largest jobs in the last 3 years:

Customer Name & Project Description	Cost of Project	Duration of Project

6. List all subcontracted trades used and the cost of each:

Carpentry \$ _____ Plumbing \$ _____ Electrical \$ _____ Heating/Air \$ _____
_____ \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____

7. Liability Controls:

- a. Do you use a written contract with customers? Yes No
If no, explain when not required _____
- b. Do you use a written contract with subcontractors? Yes No
If no, explain when not required _____
- c. Do your contracts contain a hold harmless agreement in your favor? Yes No
- d. Do you obtain certificates of insurance from all subcontractors? Yes No
If yes, minimum limits required: _____
- e. Are you added as additional insured on the subcontractors' policies? Yes No
- f. Do you have Worker's Compensation coverage in force? Yes No
- g. Do you provide architectural or engineering design services? Yes No
- h. Have you been involved in any claims involving construction defect? Yes No
If yes, explain: _____

- i. Any floor waxing in retail stores? _____ Percentage? _____ Yes No
- j. Any type of roofing work? Yes No
- k. Any spraying methods used? Yes No
- l. Do you do any work over 3 stories? Yes No
- m. Any Government contract work? Yes No
- n. Any work in tract developments? Yes No
If yes, provide brief description of work performed. _____

The Applicant, Agent and/or Broker represents that the above statements and facts are true and that no material facts have been suppressed or misstated.

Completion of this form does not bind coverage or commit the Company to policy issuance.

Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits and application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

Applicant: _____ Producer: _____

Signature: _____ Date _____ Signature: _____ Date _____