

# The Southern General Agency of Tennessee, Inc.

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## TENNESSEE ARTISAN CONTRACTOR Application

Applicant's Name \_\_\_\_\_ Agent's Name \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Agency Name \_\_\_\_\_  
 \_\_\_\_\_ Address \_\_\_\_\_  
 Location \_\_\_\_\_ Phone & Fax No: \_\_\_\_\_

**PROPOSED EFFECTIVE DATE:** From \_\_\_\_\_ To \_\_\_\_\_ **12:01 A.M., Standard Time at the address of the Applicant**

LIMITS OF LIABILITY REQUESTED	
General Aggregate	\$ _____
Products & Completed Operations Aggregate	\$ _____
Personal & Advertising Injury	\$ _____
Each Occurrence	\$ _____
Damage to Rented Premises	\$ 100,000
Medical Expense (any one person)	\$ 5,000

### APPLICANT/PREMISES/OPERATIONS INFORMATION

Provide details of all your operations: \_\_\_\_\_

Yrs in Business: \_\_\_\_\_ Number of Years Experience: \_\_\_\_\_

License Number: \_\_\_\_\_ Licensed as (Type of Contractor): \_\_\_\_\_

Do you have other business ventures for which coverage is not requested? .....  Yes  No

If yes, explain and advise where insured: \_\_\_\_\_

1. **Applicant is:**  Individual  Corporation  Partnership  Joint Venture  Limited Liability Company

2. **Inspection/Audit:**  
 Inspection (contact and phone): \_\_\_\_\_  
 Accounting records (contact and phone): \_\_\_\_\_

### ANSWER ALL QUESTIONS—IF THEY DO NOT APPLY, INDICATE NOT APPLICABLE

3. **Applicant Operations:**  
 Number of Owner/Partners: \_\_\_\_\_ Employee Payroll: \_\_\_\_\_ No. of Trade Employees: \_\_\_\_\_

Show by Trade:		Operation is: (% of each)		Type of Work:	
Trade: _____	Payroll \$ _____	General Contractor	_____ %	Residential/New	_____ %
Trade: _____	Payroll \$ _____	Artisan Contractor	_____ %	Residential/Remodeling	_____ %
Trade: _____	Payroll \$ _____	Subcontractor	_____ %	Condos	_____ %
		<b>Total</b>	<b>100 %</b>	Commercial	_____ %
Uninsured Subcontractors:	Cost \$ _____			Industrial	_____ %
Other: _____	Payroll \$ _____			<b>Total</b>	<b>100 %</b>
Insured Subcontractors:	Cost \$ _____				

4. **Receipts/Sales:** Current Year: \_\_\_\_\_ Previous Year: \_\_\_\_\_ Two Years Ago: \_\_\_\_\_

5. Describe Equipment used in operations: \_\_\_\_\_

6. List three current or planned projects:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____

7. List five largest jobs in the last three years:

Customer Name and Project Description	Cost of Project	Duration of Project
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____
e. _____	_____	_____

8. Have you acted in the capacity of a General Contractor in the past? .....  Yes  No

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. Indicate percentage of total operations performed by you or subcontractors for the following:

Airports	%	Earthquake Retrofitting or Reinforcing	%	Marinas	%	Residential Home (New Construction)	%
Ammonia Refrigeration Systems	%	Electrical Fence	%	Maritime USLH	%	Roofing	%
Asbestos Removal	%	Excavating	%	Mining	%	Sand/Gravel	%
Automatic or Power Doors	%	Farm Equipment Repair	%	Mold and Spore Treatment or Remediation	%	Sand Blasting	%
Blasting	%	Fire and Water Restoration	%	Oil and Gas Fields	%	Soil Testing	%
Boilers	%	Fire Suppression Systems	%	Over the Hole	%	Soil Stabilization	%
Bridge Work	%	Framing (Residential)	%	Petrochemical Plants	%	Surveying	%
Conveyers	%	Foundations	%	Pile Driving	%	Synthetic Stucco	%
Cranes	%	Grain Elevators	%	Prisons	%	Trailer Hitches	%
Demolition	%	Hazardous Waste	%	Railroads	%	Underpinning	%
Design	%	Home Inspections	%	Refineries	%	Waterproofing	%
Drilling	%	LPG	%				

Any work on hillsides/slopes (over 15% grade)? .....  Yes  No

If yes, percentage of operations: ..... %

Any work at landfills? .....  Yes  No

If yes, percentage of operations: ..... %

Other: \_\_\_\_\_  
 \_\_\_\_\_

**ADDITIONAL INSURED INFORMATION**

Name	Address / Interest

**MISCELLANEOUS TOOL FLOATER INFORMATION**

Description / Make / Model / Serial Number / Year	Value

**10. 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 an additional insured on the subcontractors' liability policies? .....  Yes  No
- f. Do you have Workers' Compensation coverage in force? .....  Yes  No
- g. Do you provide architectural or engineering design services? .....  Yes  No  
If yes, explain: \_\_\_\_\_  
Do you carry Errors & Omissions coverage for these services?.....  Yes  No
- h. Are you a Construction/Project Manager or Consultant?.....  Yes  No
- i. Have you been involved in any claims involving construction defects?.....  Yes  No  
If yes, explain: \_\_\_\_\_

11. Any policy or coverage declined, canceled or nonrenewed during last three years? .....  Yes  No  
If "yes," please explain: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PRIOR CARRIER INFORMATION**

	Year:	Year:	Year:	Year:	Year:
<b>Carrier</b>					
<b>Policy No.</b>					
<b>Total Premium</b>					

**LOSS HISTORY—FIVE YEAR PERIOD**

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Open / Closed

This application does not bind the applicant nor the Company to complete the insurance, but it is agreed that the information contained herein shall be the basis of the contract should a policy be issued.

**FRAUD WARNING - TENNESSEE**

IT IS A CRIME TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING THE COMPANY. PENALTIES INCLUDE IMPRISONMENT, FINES, AND DENIAL OF INSURANCE BENEFITS.

APPLICANT'S NAME AND TITLE: \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRODUCER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## POLICYHOLDER DISCLOSURE

### NOTICE OF TERRORISM INSURANCE COVERAGE

#### TERRORISM RISK INSURANCE ACT

Under the Terrorism Risk Insurance Act of 2002, as amended, pursuant to the Terrorism Risk Insurance Extension Act of 2005, effective January 1, 2006 (the "Act"), you have a right to purchase insurance coverage for losses arising out of acts of terrorism, as defined in Section 102(1) of the Act: The term "certified act of terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of an air carrier or vessel or the premises of a United States mission; to have been committed by an individual or individuals acting on behalf of any foreign person or foreign interest, as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

You should know that coverage for losses caused by "certified acts of terrorism" may be partially reimbursed by the United States government under a formula established by federal law. Under this formula, the United States government pays 90% of covered terrorism losses occurring in year 2006 and 85% of covered terrorism losses occurring in year 2007 exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium for this coverage is shown below and does not include any charges for the portion of loss covered by the federal government under the Act.

#### CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Extension Act of 2005 is scheduled to terminate at the end of December 31, 2007, unless renewed, extended or otherwise continued by the federal government. Should you select Terrorism Coverage provided under the Act and the Act is terminated December 31, 2007, any terrorism coverage as defined by the Act provided in the policy will also terminate.

#### IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

	I hereby elect to purchase certified terrorism coverage for a premium of \$ <u>5% of Premium</u> . I understand that the federal Terrorism Risk Insurance Extension Act of 2005 may terminate on December 31, 2007. Should that occur my coverage for terrorism as defined by the Act will also terminate.
	I hereby reject the purchase of certified terrorism coverage.

\_\_\_\_\_  
Policyholder/Applicant's Signature

\_\_\_\_\_  
Named Insured/Firm

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Policy Number, If available

\_\_\_\_\_  
Date