



Erickson-Larsen, Inc.
 6425 Sycamore Court N.
 Maple Grove, MN 55369-6028
 Phone: (763) 535-0055 Fax: (763) 535-4051
 Wats: (800) 442-3168

Bjornson/Sentinel-E&L
 P.O. Box 2827
 Fargo, ND 58108-2827
 Phone: (763) 232-2444 Fax: (763) 232-2529
 Wats: (800) 284-0965

Erickson-Larsen, Inc. – WI
 P.O. Box 8156
 Madison, WI 53708-8156
 Phone: (608) 249-6050 Fax: (608) 249-5874
 Wats: (888) 249-6050

ARTISAN CONTRACTORS E-Z RATE GENERAL LIABILITY APPLICATION MONTANA

Eligibility: This is designed for the small to medium-sized building or service contractor with minimal subcontractor exposure. Refer to the rate page attached for types of eligible operations.

Basic Coverage: Commercial General Liability Coverage is provided by the ISO Occurrence Coverage Form. Medical Payments, Damage to Premises Rented to You, and Personal and Advertising Injury are included in the rates shown. The policy is subject to audit and the premiums are both minimum and deposit. A deductible applies only if shown on the rate page.

Optional Coverage

Commercial Property

- Business Personal Property up to \$50,000 limit
- Subject to \$500 Deductible
- Basic Cause of Loss Form

Installation Coverage

- \$2,500 and \$5,000 jobsite limits available
- \$500 deductible
- Special Form

Commercial General Liability

- Tree Trimmers Property Damage Coverage
 Sublimits to \$10,000 and \$25,000 available

Contractor's Equipment Coverage

- Named Causes of Loss or Special Form
- \$500 deductible
- Limits up to \$50,000 on medium-sized equipment

Binders – You **do not** have binding authority. This application is to assist you in developing a premium indication only. All risks must be submitted and reviewed by Erickson-Larsen, Inc. or Bjornson/Sentinel – E&L prior to binding coverage.

Named Insured: _____

Name of Producer/Agency: _____ **Phone:** _____

Address of Agency: _____ **Producer Number:** _____

PREQUALIFICATION (Must be completed entirely for each applicant)

	Yes	No
1. Are you involved (past, present or intended in future), in new residential construction, and/or development of, more than 10 units in any one development in any one year? (Unit means one home, one town home unit, or one condo unit).	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your cost of subcontractors exceed 10% of gross receipts	<input type="checkbox"/>	<input type="checkbox"/>
3. Do your receipts exceed \$500,000?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you been in business less than a year with less than 2 years experience?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had any losses?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had OSHA violations?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you a real estate developer or construction manager?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you been named in a suit for defective workmanship?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you employ architects or engineers?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do your operations include snow removal?	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you have any operations in Arizona, California, Colorado, Nevada, Texas, Florida, North Carolina, South Carolina, Alabama, Maryland, New Mexico, Oregon, Virginia or Washington?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you have any current or prior projects involving the use of exterior insulation and finish systems (EIFS aka synthetic stucco)?	<input type="checkbox"/>	<input type="checkbox"/>

BUSINESS INFORMATION

1. Named Insured _____

2. Mailing Address _____
Street City County State ZIP Code

3. Desired Effective Date _____ Term Desired _____

4. Applicant is*: Individual Partnership Corporation LLC
 Trust Other (specify) _____

**If more than one entity, include the ownership breakdown and a description of operation for each.*

Contact Name _____ Title _____ Phone No. () _____

5. Location of premises:	<input type="checkbox"/> Same as mailing address	Occupancy		Own	Lease
		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
		_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

(List any additional on separate page)

6. Have you operated under any other name(s)? Yes No If yes, list name, address and years in operation.

7. Years in current business _____ Years of experience as a contractor _____

8. Contractors License No. and type _____

9. Are you presently, or do you intend in the future, to be involved in residential construction? Yes No

10. Have you been involved, in the past, with residential construction? Yes No
 If yes, when did you discontinue (if applicable)? _____ (date)

11. PRIOR INSURANCE CARRIER AND LOSSES WHETHER COVERED BY INSURANCE OR NOT FOR THE PAST THREE FULL YEARS:

Year	Carrier/Policy Number/ Premium	Coverage	# of Losses	Amount	Description of Losses (Use separate sheet if necessary)

Has insurance of this type been cancelled, refused, or non-renewed by any company during the past 3 years?
 No Yes - If Yes, give name of company, date, and reason. _____

New Operation No Coverage carried (explain): _____

TYPE OF CONTRACTOR

1. Describe your operations. _____

2. Percent of work performed as: (Total = 100%)
 General Contractor _____% Subcontractor _____% Contractor performing general carpentry _____%

3. Percent of your work performed by or on behalf of the named insured:
 a. New Construction _____% Remodeling _____% Repairs _____% = 100%
 b. Outside Building _____% Inside Building _____% = 100%
 c. Residential _____% Commercial _____% Industrial _____% = 100%

***Provide complete description of type of remodeling/renovation work the insured does (gut and rebuild, tenant buildout/improvements, new construction building or room additions, non-structural remodels, seismic retrofit, etc.):**

4. Do you specialize in any part of the construction of the following types of buildings? Yes No
- Nursing Homes
 - Day Care Centers
 - Hospitals
 - Condominiums
 - Apartments
 - Multi-family Habitational
 - Hotels/Motels

If yes, explain. _____

5. Percent of work on a typical project performed by: You and/or Your Employees _____%
 (Total 100%) Subcontractors under your supervision _____%

Indicate whether the following types of work are done by your and/or your employees or by subcontractors:

E – You and/or Your Employees	S – Subcontractors			N/A – Not Applicable			
	E	S	N/A		E	S	N/A
Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Guard Rail Installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carpentry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concrete	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drilling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Painting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Lot Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Excavation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastering or Sheetrock - inside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Debris Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demolition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drywall/Wallboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Other (describe) _____							

OPERATIONS

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Do you use cranes in any of your activities?
If yes, are tower cranes used? Length of the boom: _____
Age of the crane: _____ OSHA certified inspection date _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you rent or loan machinery or equipment to others? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you involved in any of the following operations? | | |
| a. Removal of Asbestos, Lead, Pcb's, Mold, Hazardous Materials | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Dam/Levee Construction | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Blasting | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Shoring or Underpinning | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Pile Driving | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Caisson or Cofferdam Work | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Tank Removal or Replacement | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Other (describe) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are your subcontractors involved in any of the operations listed in 3.a. above?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you perform work more than three stories in height above grade?
If yes, percentage _____% Describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you perform work below grade?
If yes, percentage? _____% Describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Is job site security provided at night?
If yes, describe. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you now, or have you ever built on hillsides, slopes, landfills, or other terrain susceptible to subsidence?
If yes, explain. _____ | <input type="checkbox"/> | <input type="checkbox"/> |

9. Do you draw any plans or blueprints used in your construction work?
 If yes, describe. _____
 If yes, do you carry Professional Liability or Errors and Omissions insurance?
10. Do you do any snow removal?
 If yes, what percentage of operations % _____ Describe _____

11. **CONTRACTUAL LIABILITY** (PLEASE ATTACH COPY.)
 Describe all contracts and/or hold harmless agreements, whether written or oral (dates, contracting parties, cost)

12. **CERTIFICATE RECIPIENTS/ADDITIONAL INTERESTS**

NAME & ADDRESS	INTEREST	ADD'L INSURED
		<input type="checkbox"/>
		<input type="checkbox"/>

INDEPENDENT CONTRACTORS

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Do you hire subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you require subcontractors to sign a hold-harmless or indemnification agreement in your favor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you utilize a standardized contract with all of your subcontractors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you require subcontractors to provide the following: | | |
| a. Carry General Liability coverage with coverage and limits equal or greater than your own? | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Name you as an Additional Insured? | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Furnish Certificates of Insurance for General Liability and Workers Compensation? | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Are records kept? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Total cost of work subcontracted to others (including cost of material): \$ _____ | | |

HISTORY

1. Have you been involved in any other business besides contracting?
 If yes, describe. _____

2. Have you ever been involved in or are you aware of pending litigation against you/your company concerning defective workmanship or mold claims?
 If yes, describe. _____

3. Describe any types of project that you have discontinued (i.e. no longer build, uncompleted, etc.)

4. List the five largest projects undertaken by you in the past five years.

Description	Job Cost	Project Duration

5. List the three largest projects planned for the coming year.

Description	Est. Job Cost	Project Duration

6. Average dollar value of a completed project \$ _____

PAYROLL/RECEIPTS INFORMATION

1. Provide the following information: *exclude payroll of owner(s), clerical, sales.

Year	*Total Payroll	Total Gross Annual Receipts	Total cost of Work Subcontracted to Others	Type of Work Subcontracted to Others

2. Provide the total number of owner(s): _____

3. Provide the total number of employee(s): _____

COVERAGES/LIMITS

- Premises Operations \$ _____ General Aggregate
- Products-Completed Operations \$ _____ Products/Completed Operations Aggregate
- Personal and Advertising Injury
- Contractual Liability \$ _____ Personal and Advertising Injury
- Damage to Premises Rented to You \$ _____ Each Occurrence
- Medical Payments \$ _____ Damage to Premises Rented to You
- Medical Payments \$ _____ Medical Payments

OPTIONAL COVERAGES

BUSINESS PERSONAL PROPERTY (answer only if coverage is desired)

Limit requested: \$ _____

Protection Class: _____ Construction: _____ Age of bldg: _____
 Year of: electrical update _____ heating update _____ plumbing update _____ Roof: _____

INLAND MARINE (answer only if coverage is desired)

- Where is the equipment stored at night? Jobsite Home Other _____
- If equipment is stored at jobsite, describe theft protection. _____
- Is fire extinguishing equipment maintained on each piece of equipment? Yes No
- Operator's experience operating similar equipment? _____ years
- Have any payment been delinquent in the past six months on the equipment being insured? Yes No
- Is coverage for miscellaneous tools or equipment needed? Yes No (If yes, advise limit \$ _____)
(Maximum value for any one item – limited to \$500 – subject to a maximum \$10,000 limit)

Contact Erickson-Larsen, Inc. Or Bjornson/Sentinel – E&L for rates and approval to quote.

Schedule of Equipment (attach separate page, if needed):

Unit	Model Year	Unit Description	Manufacturer	Model	Serial Number	Limit
1						
2						
3						

PREMIUM COMPUTATIONS

A. General Liability

Class Code	Premium Basis	Rate per \$1,000	Premium	Minimum Premium \$ _____
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
<u>91583 (subs)</u>	_____	_____	\$ _____	
Total GL Premium				A. \$ _____

B. Business Personal Property

Limit	x	Rate per \$100	=	Premium	Minimum Premium
_____		_____		\$ _____	\$ _____
					B. \$ _____

C. Installation Floater

Limit	x	Rate per \$100	=	Premium	Minimum Premium
_____		_____		\$ _____	\$ _____
					C. \$ _____

D. Contractor's Equipment

Total Limit	x	Rate per \$100	=	Premium	Minimum Premium
_____		_____		\$ _____	\$ _____
					D. \$ _____

E. Tree Trimmers Property Damage

Limit	Flat Rate				E. \$ _____
_____	_____				

FINANCE PLAN AVAILABLE (complete if financing is desired)	Total Premium** (A + B + C + D + E)	\$ _____
	Terrorism** (3% of premium) (If accepted)	\$ _____
	Total Due	\$ _____

Down Payment (25%) \$ _____
 Five (5) Additional Monthly payments
 (Balance of Total due x 1.051%
 divided by 5 = \$ _____
 Payment each month for 5 months. **A \$20
 set-up fee will be added to the first
 installment.**

PLEASE NOTE: Terrorism coverage must be either accepted or rejected by the insured. The attached terrorism disclosure notice must be completed and signed at the time of binding.

FRAUD STATEMENT

I DECLARE THAT THE STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE AND TRUE.
 Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud and subject to fines and/or imprisonment. Any changes in your operation must be reported to your agent.

 Signature of Applicant Title Date

 Signature of Producing Agent Date

 Agency Name, address & phone number

POLICYHOLDER DISCLOSURE

NOTICE OF TERRORISM INSURANCE COVERAGE

Under the Terrorism Risk Insurance Act of 2002, effective November 26, 2002 (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; and that causes losses of at least \$5,000,000.

You should know that coverage for losses caused by "certified acts of terrorism" is partially reimbursed by the United States under a formula established by federal law. Under this formula, the United States pays 90% of covered terrorism losses 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.

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO ACCEPT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM."

SELECTION OR REJECTION OF CERTIFIED TERRORISM INSURANCE COVERAGE

<input type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a prospective premium as indicated on the attached quote.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Policyholder/Applicant's Signature

Named Insured/Firm

Print Name

Policy Number, if available

Date

PLEASE COMPLETE & RETURN THIS FORM TO ALONG WITH THE EZ RATE APPLICATION UPON BINDING

Rates are per \$1,000 of receipts

Edition 1/1/06

MONTANA E-Z RATES		Limits Shown Per Occurrence/Aggregate			
Classification	Class Code	Including Products/Completed Operations			
		\$100,000/ \$200,000	\$300,000/ \$600,000	\$500,000/ \$1,000,000	\$1,000,000/ \$2,000,000
Appliance Repair – Household (add S2617-CG)	91155	24.39	28.15	29.96	31.43
Cabinetmakers	53733	2.77	3.51	3.90	4.36
Carpentry – Commercial (Excl. Roofing) ***	91342	22.07	28.66	32.37	38.90
Carpentry – Dwelling (Excl. Roofing) ***	91340	26.13	32.33	35.48	39.07
Carpentry – Interior ***	91341	18.10	22.30	24.41	26.80
*Chimney Cleaning (+)	91481	27.94	33.81	36.60	39.67
Concrete Construction ***	91560	20.55	26.66	30.09	35.83
Drywall or Wall Board Installation ***	92338	7.29	8.99	9.84	10.80
Electric Wiring within Buildings	92478	5.28	6.56	7.18	8.01
Excavation – Including Underground *** (Add S117-CG or S116-CG)	94007	39.65	48.63	53.08	58.10
Fence Erection	94276	17.95	22.39	24.56	27.50
*Floor Covering Installation	94569	9.46	11.38	12.31	13.24
Grading of Land – Including Underground ***	95410	19.81	24.33	26.59	29.14
Handyperson	95625	23.58	30.62	34.59	41.71
Heating – A/C Dealers/Distributors – No LPG ***	95647	20.06	24.71	27.04	29.69
House Furnishings Installation	96053	14.74	17.13	18.31	19.58
*Janitorial Services (+)	96816	10.91	13.21	14.30	15.50
Landscape Gardening (+) (Add S1048-CG, S1050-CG, and S117-CG)	97047	12.99	14.68	15.45	16.23
Masonry Work ***	97447	11.56	15.00	16.93	20.27
Metal Erection – Decorative or Artistic ***	97653	10.30	12.70	13.87	15.35
*Mowing – Right of Ways (+)	94225	17.24	19.48	20.52	21.55
Painting and Decorating	98305	11.56	13.93	15.07	16.24
Painting Exterior (3 Stories or Less) (Add S1913-CG if spray painting)	98304	14.99	18.07	19.55	21.10
Paving – Driveway and Parking	92215	16.73	20.18	21.84	23.58
Plumbing (Residential) – Incl. Underground ***	98483	26.13	32.57	35.89	39.71
Prefab Building Construction	98502	24.35	32.21	36.51	44.46
Septic Tank Systems – Cleaning	98805	12.18	15.54	17.41	20.67
Sewer Cleaning	98813	17.58	22.82	25.78	30.97
Siding Installation (Metal/Vinyl) *** (Add S2114-CG)	98967	13.13	17.30	19.60	23.87
*Street Cleaning – Other Than Snow Removal (+)	99303	31.98	38.70	41.90	45.41
*Snow Removal (Must Be Under 25% of Total Operations) +	99303	37.79	40.96	44.10	47.23
**Subcontractors	91583	3.07	3.85	4.26	4.73
Tile, Stone, Marble, Mosaic, or Terrazzo Work	99746	8.92	10.20	10.80	11.34
*Tree Trimming, Pruning, Dusting (+) (Add Endorsement S1049-CG)	99777	20.50	24.80	26.85	29.11
Window Cleaning (3 stories or less) (+)	99975	18.66	22.58	24.45	26.50
* \$500 P.D. Deductibles Required					
** Premium Base is Cost Of Subcontractors					
(+) Coverage for Products and/or Completed Operations is included in the Premises Operations coverage					
Minimum Premium – General Liability Only				Tree Trimmers, Snow Removal and Street Cleaners Minimums	
\$100,000/200,000	\$500	\$500,000/1,000,000	\$750	\$100,000 - \$500,000	\$750
\$300,000/600,000	\$600	\$1,000,000/200,000,000	\$1,000	\$1,000,000	\$1,000
Additional Insured: \$100 Each *** Use S2624-CG for these classes if an Additional Insured is needed.					
Business Personal Property Coverage (Optional)				Deductible	Minimum Premium
Rate per \$100 value:		.50 Basic Cause of Loss Form	80% Coinsurance	\$500	\$250
(Broad form: Add .05; Special form: Add .10)					
Installation Floater (Optional)		Rate Per \$100 of Value		Deductible	Minimum Premium
Inside bldg or structure		\$0.67		With Theft: \$500	\$100
Outside / In the open		\$0.97		Theft Excluded: \$250	\$200
Contractors Equipment – DOES NOT APPLY TO SMALL TOOLS AND EQUIPMENT (Optional)				Deductible	Minimum Premium
Rate per \$100 of Limit:		\$2.00 Named Perils	100% Coinsurance	\$500	\$100
		\$3.00 Special Perils			
Tree Trimmer's Property Damage (Optional)					
\$10,000 Limit: \$150 Premium					
\$25,000 Limit: \$275 Premium					
Lost Costs Edition Date		Oct-02		ISO Occurrence Form	