



Erickson-Larsen, Inc.

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ARTISAN CONTRACTORS E-Z RATE APPLICATION WISCONSIN

Eligibility: This is designed for the small building or service contractor with minimal subcontractor exposure. Refer to the rate page attached for types of eligible operations. *Contractors with receipts over \$75,000, contractor classes not listed on the rating page, or contractors that do not meet eligibility guidelines should be submitted directly for a quote.*

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. **All risks are written on a 25% minimum earned basis.**

OPTIONAL COVERAGE

Commercial Property

- Subject to \$500 Deductible
- Basic Cause of Loss Form

Commercial General Liability

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

Installation Coverage

- \$500 deductible
- Special Form

Contractor's Equipment Coverage

- Named Causes of Loss or Special Form
- \$500 deductible

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)

If **YES** to any of the following, please contact Erickson-Larsen, Inc. at 800-442-3168 or Bjornson/Sentinel-E&L at 800-284-0965

	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). a) Specify the total number of units in any one development, in any one year. _____	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your cost of subcontractors exceed 30% of gross receipts?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you been in business less than a year with less than 2 years experience?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you had any losses?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you had OSHA violations?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you a real estate developer or construction manager?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you been named in a suit for defective workmanship?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you employ architects or engineers?	<input type="checkbox"/>	<input type="checkbox"/>
9. 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"/>
10. 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 Other (specify) _____
5. Location of premises: Same as mailing address _____

Occupancy

Own

Lease

(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. 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 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%
 3. Do you specialize in any part of the construction of the following types of buildings? Yes No
 - Nursing Homes
 - Condominiums
 - Hotels/Motels
 - Day Care Centers
 - Apartments
 - Hospitals
 - Multi-family Habitational
 If yes, explain. _____
 4. Indicate whether the following types of work are done by you and/or your employees or by your subcontractors:
 E – You and/or Your Employees S – Your Subcontractors N/A – Not Applicable

	E	S	N/A		E	S	N/A
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"/>	Snow Removal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Framing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Street Paving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stucco or Plastering - outside	<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
b. Tank Removal or Replacement
c. Other (describe) _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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"/> |
| 5. 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? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you do any snow removal?
If yes, what percentage of operations % _____ Describe _____ | <input type="checkbox"/> | <input type="checkbox"/> |

7. CERTIFICATE RECIPIENTS / ADDITIONAL INSURED

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?
b. Name you as an Additional Insured?
c. Furnish Certificates of Insurance for General Liability and Workers Compensation?
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. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Describe all types of projects that you have discontinued (i.e. no longer build, uncompleted, etc.)
_____ | | |

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

Description	Job Cost	Project Duration

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

Description	Est. Job Cost	Project Duration

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): _____ 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)

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

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

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

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

PREMIUM COMPUTATIONS

A. General Liability				
Class Code	Premium Basis (gross receipts)	Rate per \$1,000	Premium	Minimum Premium\$ _____
_____	_____	_____	\$ _____	
_____	_____	_____	\$ _____	
91583 (subs)	_____	_____	\$ _____	
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 \$ _____
_____		_____		
Total Premium (A + B + C + D + E)				\$ _____
Terrorism** (3% of premium) (If accepted)				\$ _____
Policy Fee				\$ 100.00
Filing Fee				\$ 25.00
3% WI Surplus Lines Tax (premium + fee's)				\$ _____
TOTAL DUE				\$ _____

Finance Plan (complete below if financing is desired through **Excel Premium Finance**)

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.**

WISCONSIN 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, Exclusion – electronic fields)	91155	24.34	28.14	29.90	31.91
Cabinetmakers	53733	2.77	3.53	3.96	4.50
Carpentry – Commercial (Excl. Roofing)	91342	15.78	20.86	23.94	28.10
Carpentry – Dwelling (Excl. Roofing)	91340	18.81	23.56	26.22	29.45
Carpentry – Interior	91341	17.05	21.19	23.50	26.29
* Chimney Cleaning (+)	91481	30.54	37.27	40.94	45.21
Concrete Construction	91560	16.76	22.05	25.24	29.50
Drywall or Wall Board Installation	92338	6.68	8.30	9.20	10.29
Electric Wiring within Buildings	92478	5.03	6.35	7.09	8.01
Excavation – Including Underground (Add S117-CG, Exclusion – Explosion)	94007	33.63	41.64	46.08	51.39
Fence Erection	94276	13.83	17.62	19.75	22.42
* Floor Covering Installation	94569	9.00	10.83	11.81	12.94
Grading of Land – Including Underground	95410	17.30	21.42	23.70	26.43
Handyperson	95625	15.42	20.43	23.49	27.61
Heating – A/C Dealers/Distributors – No LPG	95647	16.89	21.12	23.49	26.37
House Furnishings Installation	96053	10.85	12.95	13.97	15.21
* Janitorial Services (+)	96816	11.33	13.82	15.18	16.76
Landscape Gardening (+) (Add S1048-CG, Exclusion- Failure to follow instructions or mfg/use of non-approved products: S1050-CG, Exclusion-use of gases or aerosol spray)	97047	11.33	13.02	13.70	14.49
Masonry Work	97447	9.38	12.39	14.20	16.65
Metal Erection – Decorative or Artistic	97653	8.05	10.09	11.22	12.62
* Mowing – Right of Ways (+)	94225	15.28	17.56	18.48	19.55
Painting and Decorating	98305	7.72	9.28	10.12	11.09
Painting Exterior (3 Stories or Less) (Add S1913-CG, Exclusion-Overspray, if spray painting)	98304	12.67	15.30	16.72	18.36
Paving – Driveway and Parking	92215	12.13	14.65	16.02	17.60
Plumbing (Residential) – Incl. Underground	98483	27.11	33.99	37.87	42.58
Prefab Building Construction	98502	21.56	29.26	33.88	40.22
Septic Tank Systems – Cleaning	98805	11.76	15.19	17.25	20.03
Sewer Cleaning	98813	12.12	15.99	18.34	21.49
Siding Installation (Metal/Vinyl) (Add S2114-CG, Exclusion-Exterior Insulation and Finish Systems)	98967	12.58	17.04	19.73	23.43
* Street Cleaning –Other Than Snow Removal (+)	99303	19.79	24.15	26.52	29.30
* Snow Removal (Must Be Under 25% of Total Operations) +	99303	27.29	30.44	33.60	36.75
**Subcontractors	91583	8.09	10.24	11.47	12.97
Tile, Stone, Marble, Mosaic, or Terrazzo Work	99746	8.56	9.87	10.45	11.10
* Tree Trimming, Pruning, Dusting (+) (Add S1049-CG, Amendment-Property damage to above-ground transmission lines)	99777	19.04	23.23	25.51	28.18
Window Cleaning (3 stories or less) (+)	99975	12.29	15.00	16.48	18.20
25% Minimum Earned Premium					
* \$500 P.D. Deductible 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					
\$100,000/200,000	\$650	\$500,000/1,000,000	\$850		
\$300,000/600,000	\$750	\$1,000,000/2,000,000	\$900		
Additional Insured: \$100 Each					
Business Personal Property Coverage (Optional)				Deductible	Minimum Premium
Rate per \$100 value:		.55 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 (Optional)		Rate per \$100 of Value		Deductible	Minimum Premium
Scheduled Equipment		\$1.15 Named Perils /	\$1.50 Special Perils	100%	\$500
Misc. Equipment *		\$3.50 Named Perils /	\$4.00 Special Perils	Coinsurance	\$100
* Maximum value for any one item limited to \$500. All items over \$500 in value must be scheduled.					
Tree Trimmer's Property Damage (Optional)					
\$10,000 Limit: \$100 Premium		\$25,000 Limit: \$225 Premium			
Lost Costs Edition Date		Nov-03		ISO Occurrence Form	

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 Program Reauthorization Act of 2007, effective January 1, 2008 (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 acts 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 certain air carriers or vessels or the premises of a United States mission; to have been committed by an individual or individuals 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 where coverage is provided by this policy for losses resulting from "certified acts of terrorism," such losses may be partially reimbursed by the United States Government under a formula established by federal law. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The premium charged for this coverage is provided below and does not include any charges for the portion of loss that may be covered by the Federal Government under the Act.

You should also know that the Act, as amended, contains a \$100 Billion Cap that limits United States Government reimbursement as well as insurers' Liability for losses resulting from "certified acts of terrorism" when the amount of such losses in any one calendar year exceeds \$100 billion. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

CONDITIONAL TERRORISM COVERAGE

The federal Terrorism Risk Insurance Program Reauthorization Act of 2007 is scheduled to terminate at the end of December 31, 2014, 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, 2014, 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:

NOTE: In the state of **Wisconsin** only, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

	I hereby elect to purchase certified terrorism coverage for a premium of \$_____ . I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2007 may terminate on December 31, 2014. 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