

ARTISAN PAK APPLICATION

SECURITY MUTUAL

INSURANCE COMPANY

2417 North Triphammer Road
P.O. Box 4620
Ithaca, New York 14852-4620

New, Renewal No.

Named Insured and P.O. Address

(Number, Street, Town or City, State, Zip Code)

Agency Name & Location

Bound: Yes No

EFT: Yes No

County:

Quote Only: Yes

Policy Period: From to 12:01 a.m. Standard Time

Type of Business: Individual Partnership Corporation LLC Total Gross Receipts \$

Names of Owners: Phone Number:

#Full Time Employees (Including Owner) #Part Time Employees (20 hrs or less per week)

Location

Location of Insured Premises (Street Address, City, State & Zip Code)

Occupancy: Office Shop/Storage Other Construction: Frame Masonry Fire Resistant

Year Built: Square Footage: Last Year Updated: HVAC Plumbing Roof Electrical

Protection: Highly Protected Protected Semi-Protected Unprotected

Feet From Hydrant: Miles from Fire Dept: Fire District:

Building Limit: \$ ACV or RC: Cause of Loss: SF-1 SF-2 SF-3

Photos Requested When Coverage Bound

BPP Limit \$ Cause of Loss: SF-4 Incl at RC (SF-27) or SF-4A ACV or RC:

Deductible: \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000 SF-44 Extra Expense \$

SF-43 Loss of Earnings Limit \$ (Required) 33 1/3% 25% 16 2/3%

Liability Classifications:

Primary Classification: Percentage of Work: %

Secondary Classification: Percentage of Work: %

OPERATIONS INFORMATION - All information must be provided:

Does applicant perform any work in the 5 Boroughs of New York City? Yes No If yes, applicant is ineligible for coverage.

Primary nature of applicant's operation: Any other type of operations? Yes No If yes, explain:

Years in Business: Years in Trade: Business Card? Yes No If yes, please provide a copy

Facebook for Business? Yes No Website for Business? Yes No If yes, please provide:

Business Certificate? Yes No If yes, please provide a copy Number of jobs per year:

Type of work performed (must total 100%): Commercial % Residential % Industrial %

Type of work performed (must total 100%): New Construction % Renovation %

Service % Repair % Welding %

Does applicant lease any equipment? Yes No If yes, describe type & use:

Is any work performed outside of New York State? % Where performed?

Describe types of jobs applicant has completed in the last 6 months:

Does applicant engage in house flipping? Yes No

Does applicant hire subcontractors? Yes No If yes, what percentage of overall work is subcontracted? %

Type of subcontracted work?

Are certificates of insurance required? Yes No

Does applicant require Hold Harmless Agreements when working with subs? Yes No If yes, attach a copy

Does applicant do any design work? Yes No If yes, describe:

Does applicant work as a subcontractor? Yes No Are Hold Harmless Agreements required? Yes No

Does applicant operate as a full-time business? Yes No If no, where else does applicant work?

Describe housekeeping: **Excellent** **Fair** **Poor**
 Which of the following are part of the hiring process? **Formal Application** **Background Check** **Drug Screening**
 How many years of experience are required? _____ **Does applicant require certifications?** **Yes** **No**

Artisan Pak Basic Property Coverage included are:			
Property Coverage	Included	Additional Amount	Total Amount
Accounts Receivable	\$1,000	\$ _____	\$ _____
Business Credit Card Forgery & Counterfeit Money	\$1,000	\$ _____	\$ _____
Debris Removal	\$1,000	\$ _____	\$ _____
Employee Dishonesty	\$1,000	\$ _____	\$ _____
Money & Securities	\$1,000	\$ _____	\$ _____
Property Of Others Care, Custody & Control	\$1,000	\$ _____	\$ _____
Tools & Equipment Off Premises	\$1,000	\$ _____	\$ _____
Valuable Papers	\$1,000	\$ _____	\$ _____
While Away From The Insured Premises	\$1,000	\$ _____	\$ _____

Limit of Liability:	Medical Payments:	Property Damage Liability Deductible LS-56:	Business GL – Extra Coverage:
Occurrence/Aggregate \$300,000/\$500,000 \$500,000/\$1,000,000 \$1,000,000/\$2,000,000 \$1,000,000/\$3,000,000	\$1,000/\$25,000 \$1,000/\$50,000 \$5,000/\$25,000 \$5,000/\$50,000	\$250 \$500 \$1,000 \$2,000	LS-5 LS-49 Personal Injury (LS-5 only) LS-6

Contractors Extender Endorsements	
Contractors Extender Endorsement Basic (SMIC-SF-530) Contractors Extender Endorsement Deluxe (SMIC-SF-532)	Contractors Extender Endorsement Broad (SMIC-SF-531) SMIC-SF-532 Increased limit for Coverage A Leased & Rented Equipment Yes No If yes, amount in excess of \$100,000? \$ _____

Builders Risk
SF-21 SF-21A SF-21B SF-21C SF-21D

Mortgagee Information
1) Name: _____ Address: _____
2) Name: _____ Address: _____

Additional Insured Information (All Additional Insured Requests Require Underwriting Approval)
LS-19 LS-21 SMIC-LS-22 LS-23 SMIC-LS-23 LS-24A SMIC-LS-24B LS-25A LS-39 LS-12
1) Name: _____ Address: _____ Interest: _____
2) Name: _____ Address: _____ Interest: _____

Loss Payee Information
1) Name: _____ Address: _____ Interest: _____
2) Name: _____ Address: _____ Interest: _____

Losses – Attach Loss Runs
Previous Carrier: _____ If none, explain: _____
Has any company cancelled, non-renewed or refused insurance (including non-payment of premium for this applicant)? Yes No If yes, explain: _____
Any previous property or liability losses, whether or not paid by insurance during the last 5 years, on any owned or previously owned risk in which you have or had an insurance interest and/or any loss whether paid or not resulting from past or current business operations? Yes No If yes, explain with detail: _____

Supplemental Classification Information – Completion of all questions is required to process application

Air Conditioning & Heating (*Not Applicable*)

Forced Air _____% Woodstoves _____% Baseboards _____% Fuel Oil _____% Outdoor Heat _____%
Rooftop _____% Boilers _____% Other _____% (Please list: _____)
Certifications Held: _____

Cabinet Maker (*Not Applicable*)

If building or business property coverage is provided, does the shop have a sawdust removal system that is regularly inspected and maintained? Yes No If yes, please provide description of system: _____
Does the location's electrical system have enough load capacity to safely operate the machinery used to produce the cabinets? Yes No
Does applicant design cabinets or work from a prepared design? _____
Is the shop clean and free of debris? Yes No
Are all woodworking machines periodically checked for worn or damaged wiring or parts? Yes No
How is lumber stored? _____
Does applicant install cabinets? Yes No If no, does applicant sub-contract out the installation and require Certificates of Insurance and being named as an Additional Insured by the sub-contractors? Yes No

Carpentry (*Not Applicable*)

Does insured build homes? Yes No If yes, how many a year? _____
Does insured comply with all local code requirements for deck builds? Yes No

Electrician (*Not Applicable*)

Commercial _____% Residential _____% Industrial _____%
Max Voltage: _____ Any work with Knob & Tube? Yes No
Certifications Held: _____

Fence Erection (*Not Applicable*)

What materials does applicant work with? Wood Chain Link Prefabricated Material Pressure Treated Wood
Does applicant sell and/or install playground equipment? Yes No
Does applicant install fencing around swimming pools? Yes No
If yes, what percentage of total fencing receipts does this represent? _____%

Floor Installation (*Not Applicable*)

What types? _____
Any hardwoods floors installed? Yes No Any floor sanding? Yes No

Insulation (*Not Applicable*)

Any expanding insulation or use of blown in insulation? Yes No If yes, type: _____

Janitorial (*Not Applicable*)

Is any floor waxing done? Yes No If yes, type: _____
Percentage: _____% If commercial, describe type of risks: _____
Is any disinfectant fogging performed? Yes No

Landscaper (*Not Applicable*)

What types of services does applicant provide? _____
Does applicant own and operate a nursery? Yes No If yes, is there customer traffic? Yes No
Does applicant sell dirt, mulch, gravel or other landscape material? Yes No If yes, can customers purchase and pick up materials at the insured's locations? Yes No Does applicant use explosives? Yes No
Does applicant sell/or install playground equipment? Yes No If yes, is this contracted out to others? Yes No
Does applicant use insecticides and/or pesticides? Yes No
Does applicant do any tree removal or tree trimming? Yes No
Does applicant install sprinkler systems or underground wiring? Yes No If yes, what percentage of applicant's work is sprinkler system construction? _____%
If applicable, what is the typical depth of digging required for sprinkler systems or underground wiring? _____
What percentage of work is "Hardscaping", such as retaining walls, masonry or rock replacement? _____%

Mason (*Not Applicable*)

Any chimney sweeping operations? Yes No Any chimney liner repair or installation? Yes No
Repair _____% Installation _____% Retaining Walls? Yes No Load Bearing Walls? Yes No

Painting (Not Applicable)

Type of painting operations: Interior Exterior Both Residential____% Commercial____%
Exterior exposures-maximum number of stories of buildings worked on? _____
Scaffolding Used? Yes No If yes, Height: _____
Spray painting equipment used for exterior application? Yes No If yes, what percentage: _____%
Any lead remediation? Yes No Any mold remediation? Yes No
Any flammable materials used? Yes No
If yes, is there proper storage and daily removal of flammable materials? Yes No

Paving/Blacktopping (Not Applicable)

Does the insured do any commercial work? Yes No
Where does applicant obtain materials? _____ What is the nature of applicant's operation? _____
Is it limited to sealcoating or is there site preparation and asphalt or concrete laid? _____

Roofing (Not Applicable)

Does applicant do any roofing? Yes No If yes, percentage of roofing to overall work: _____%
Commercial____% Residential____% New Construction____% Re-roofing____%
Type of roofing material: Asphalt Shingles/Slate____% Metal/Aluminum____% Hot Composition____%
Polyurethane____% Other____,____%
Minor Repairs____%

Note: Contractors doing Tear Off and Replacements Roofs are not eligible for the program.

Important: The LS-78 Exclusion of Certain Roofing Operations will be added to the policy, please complete the Roofing Operations Disclaimer form included. This form must be signed by the insured and the file either scanned and emailed or physically mailed.

Snow/Ice Removal (Not Applicable)

Does applicant perform any snowplowing, salting, sanding and/or snow/ice removal for others? Yes No
If yes, what percentage to overall work? _____% Residential____% Commercial____%
If yes, is coverage requested? Yes No
Any roof de-icing performed? Yes No If yes, are torches used? Yes No

Welding (Not Applicable)

What types of welding jobs does applicant perform? _____

Optional Property Coverage

Coverage	Amount	Deductible	
Computer Coverage (MR-61A)	\$_____	\$_____	Complete Inland Marine Supplement
Contractors Equipment (MR-72)	\$_____	\$_____	Complete Inland Marine Supplement
Customers' Goods (SF-132)	\$_____	\$_____	
Installation Floater (MR-75 or MR-76)	\$_____	\$_____	Complete Inland Marine Supplement
Miscellaneous Property Floater (MR-52)*	\$_____	\$_____	Complete Inland Marine Supplement
Tools & Equipment Floater (SMIC-MR-79)*	\$_____	\$_____	Complete Inland Marine Supplement

*Additional forms available – see Inland Marine Supplement to select form.

Where is equipment stored when not in use? _____

If stored in trailer, is the trailer left at jobsites overnight? Yes No

If yes, what precautions are taken to prevent theft? _____

Is equipment taken out of state? Yes No If yes, where? _____

Optional Liability Coverage

Fire Legal Liability (LS-48) \$_____ (\$50,000 included on LS-6)

LS-26 Explosion, Collapse and/or Underground Property Damage. Desc of Operations _____

Remarks: _____
ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Agency Name & Location

Insured's Signature

Agent's Signature

Date _____

Acknowledgment of Roofing Operations Disclaimer

I, _____, acknowledge and represent that do not now, and do not intend in the future, engage in tear-offs of existing roofs, replacement or repair of existing roofs, reroofing jobs (adding a new layer of roof to an existing one).

I have been provided with a copy of Form LS-78, Exclusion of Certain Roofing Operations, attached hereto, which has been explained to me in detail by my agent (or other representative), and understand this Form is being added to my policy. I acknowledge that coverage for noted roofing operations is excluded from Coverage.

Date: _____

Agent: _____

Insured: _____ Policy #: _____
(Must be signed by the insured. It can then be scanned & emailed or physically mailed.)

Five Boroughs of New York City Disclaimer/Acknowledgement

I, _____, specifically acknowledge and understand that Security Mutual Insurance Company does not cover or insure against losses or liability of any kind resulting from work, operations, business endeavors, or related activities in the Counties of New York, King, Queens, Bronx, or Richmond, constituting the 5 boroughs of New York City.

I further specifically acknowledge and represent that I do not engage in, and do not intend to engage in, any such work, in any of the Counties listed, and that should I engage in such activities or operations in any of the 5 Counties listed, my Security Mutual Insurance Company policy provides no coverage of any kind and is wholly inapplicable.

I have reviewed this exclusion with my agent, and the terms and conditions of policy form LS-18, Operations Exclusion, have been carefully explained to me, and I understand this Form will be added to my policy. I understand and acknowledge that coverage for work activities or operations performed in these Counties as set forth above is excluded from coverage.

Date: _____

Agent: _____

Insured: _____ Policy #: _____

(Must be signed by the insured. It can then be scanned & emailed or physically mailed.)

This exclusion will stay in effect on this and any future policies with Security Mutual Insurance Company until my agent notifies the company this exclusion is no longer acceptable to me. In that event, the policy will need to be cancelled or non-renewed.

SECURITY MUTUAL INSURANCE COMPANY
Privacy Protection Policy

Information Collection

- We collect and use information about you in order to provide you with insurance and other services.
- We obtain most of the information from you, primarily from the application you complete when you apply for our products or services.
- Transaction Information: This is information about your transactions with us, our affiliates, or others. It includes your insurance coverage selections and premiums, payment and claims history, and information necessary for billing and payment. It may also include additional information used to adjust, investigate, and settle insurance claims, such as witness statements and police reports. Transaction information may be disclosed as described below.
- Consumer Report Information: This is information we receive from a consumer reporting agency, and is used to confirm or supplement application information. It includes motor vehicle reports and/or claims history reports. We will disclose consumer report information only as necessary to quote or service your insurance policy and as permitted or required by law. To underwrite your insurance and provide an accurate insurance quote, consumer report information may be shared with our affiliated insurance underwriting association. By obtaining a quote or applying for insurance with us, you consent to our sharing of this information with our affiliated insurance underwriting company.

Information Protection

- To guard your personal information, we maintain physical, electronic and procedural safeguards that comply with state regulations. We have also appointed a corporate privacy officer to monitor compliance with the Company's privacy policy.
- All employees are required to protect the confidentiality of our customers' personal information, and they may not access that information unless there is a legitimate reason for doing so, such as responding to a customer request.

Information Disclosure

- We will not sell your personal information.
- We will not disclose your personal information except as necessary for conducting business or where permitted by law. For example, we may disclose your personal information to your agent, our employees or our service providers so they can service your business or respond to your questions or requests. We require the recipients of such information to protect the information and use it only for the purpose provided.

Future Notification

Each year, we will provide you with a summary of our privacy policy.

For More Information

If you have any questions about Security Mutual's privacy policy, please contact us or write to our privacy officer at Security Mutual Insurance Company, Post Office Box 4620, Ithaca, New York 14852- 4620.