

BLACKTHORN ARTISAN CONTRACTOR RENEWAL APPLICATION

Agency: _____ Policy Number: _____
 Producer / CSR: _____ Effective Date: _____
 Named Insured: _____
 Mailing Address: _____ Physical Address: _____

 Contact Name: _____ Contact Phone #: _____
 Contact Email: _____ If not provided the agent's email will be used in it's place

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|---|-----|----|
| 1) Is the applicant a home builder / commercial builder or performed this work in the past under the current named insured? | Yes | No |
| 2) Does the applicant perform any stand alone framing or siding on new construction or performed this work in the past under the current named insured? | Yes | No |
| 3) Does the applicant act as a Construction Manager? | Yes | No |
| 4) Does the applicant work on more than 10 new single family homes at any job site or subdivision in one policy period? | Yes | No |
| 5) Does the applicant act as an artisan contractor on new multi unit structures that contain more than 5 living units per structure? | Yes | No |
| 6) Does the applicant act as a artisan contractor on new condominium or town home construction that involves working on more than 5 multi unit structures at any jobsite in one policy period? | Yes | No |
| 7) Does the applicant require completed operations or per job aggregate for an AI? | Yes | No |

If you have answered 'Yes' to any of the above questions or the required class code is only available in NCIC (non admitted) your renewal application will be directed to our non admitted program, please continue with this application for either program

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| 8) Do you want Hired & Non Owned Auto? | Yes | No |
| 9) Do you want Stop Gap? (Washington only) | Yes | No |
| 10) Do you have a website? Address: _____ | Yes | No |
| 11) If you had Inland Marine Coverage would you like to renew that coverage? | Yes | No |
| 12) If you had the increased water limit would you like to renew that coverage? (only NCIC on the following classes: new construction, remodel, construction manager, concrete, framing) | Yes | No |
| 13) If you had the AI package would you like to renew that coverage? (only NCIC) | Yes | No |
| 14) Do you build spec homes? | Yes | No |
| 15) Do you flip homes? | Yes | No |
| 16) Are you a first responder? | Yes | No |

Please advise the following:	Expiring Year	Current Year
A) The number of owners, partners or officers active in the business operations (other than clerical or sales capacity)?	_____	_____
B) The number of employees other than the owner, partners or officers active in the business operations (other than clerical or sales capacity)?	_____	_____
C) What is the payroll for employees other than the owner, partners or officers in the business (do not include anyone that works in a strictly clerical or sales capacity)?	_____	_____
D) Cost of sublet work including all materials regardless of who purchased them?	_____	_____
E) Gross receipts?	_____	_____

Please return the signed renewal update form & a current premium indication for underwriter approval

_____	_____	_____	_____
Insured's Signature	Date	Agent's Signature	Date