



STATEWIDE INSURANCE CORP.

P. O. Box 30527
 Phoenix, Arizona 85046
 (602) 494-6900 (800) 228-1710
 FAX (602) 494-6999

**ACCEPTANCE INDEMNITY INSURANCE COMPANY
 ARTISAN PROGRAM
 UNDERWRITING AND SELF-RATER
 Revised Edition - Effective 11/21/2008**

MARKET AREA: UTAH

SUBJECT TO CHANGE WITHOUT NOTICE

ELIGIBILITY: This program is designed to be competitive, flexible and easy to rate. It is specifically geared to the needs of the small to medium sized subcontractor or artisan with good prior loss experience.

APPLICANT'S NAME AND MAILING ADDRESS		PRODUCER'S NAME	PHONE NO.
PHONE NO. CELL PHONE		PRODUCER'S ADDRESS	
APPLICANT'S BUSINESS DESCRIPTION (Also DBA If Any)		PROPOSED EFFECTIVE DATE	PROPOSED EXPIRATION DATE
LOCATION OF INSURED PREMISES	<input type="checkbox"/> QUOTE <input type="checkbox"/> ISSUE <input type="checkbox"/> BIND	UNDERWRITER:	
APPLICANT IS:	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> OTHER

LIABILITY UNDERWRITING

- Risks with more than 25% of subcontracted work performed - Submit
- Additional interests may be added to the policy for \$75.00 flat charge for each additional interest (fully earned).
- All policies will be subject to a 25% minimum earned premium or \$100 minimum premium, whichever is greater.
- If coverage has been in force for one year under this program with no claims, 10% claim free discount may be applied to the base rates.
- All policies are subject to audit on the number of employees, including the applicant(s), at the discretion of the Company.
- Minimum policy premium is \$700.00.
- Policy fees are as follows: \$150.00 (GL Only) or \$175.00 (Package).
- Risks with more than five employees are not eligible for this program.
- New venture add 10% surcharge.
- No insurance for the past 90 days, add 10% surcharge.
- Auto cannot be written mono-line in this program.

SUBMIT

- Any risk with loss payments totaling over \$2,000 within three years.
- General Contractors or Remodelers.
- Work performed on new subdivisions, tract homes, apartments or condos.
- Businesses having gross receipts in excess of \$750,000.
- Any Bankruptcies.
- Property/Inland Marine risks.

COVERAGES UNDER THIS PROGRAM

- A. Commercial General Liability
- B. Fire Legal - \$100,000 – Med Pay - \$5,000
- C. Additional Insured Endorsements
- D. \$500 Deductible
- E. \$1,000 Deductible –Trade Contractors

**GENERAL INFORMATION (COMPLETE ALL ITEMS)
DESCRIPTION OF OPERATIONS**

1. Is the applicant a subsidiary of another entity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Does the applicant own any subsidiaries?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Are there any exposures to flammable, explosive or hazardous chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. What percent of work do subcontractors perform?	_____ %	
5. Are certificates of insurance required from subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. How many years has the applicant been in business?	_____ Years	
7. Have there been any losses in the last three years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Remarks (Explain all "Yes" responses)		
Prior Carrier and Policy Number: (If none, surcharge will apply)		
List all Prior Losses:		

ADDITIONAL INSURED (Must complete supplement*)

Name and Address of Additional Insured	<input type="checkbox"/> Certificate Only	<input type="checkbox"/> Additional Interest (Premium Fully Earned. Charge is additional to M.P.)
Interest of Additional Insured:		
* No supplement needed if Additional Insured is: Landlord, Owner of Premises, Governmental Entity, Mortgage / Loss Payee, Store (Retailer or Wholesaler)		

LIMIT OF LIAB. (Occurrence & Aggregate)	<input type="checkbox"/> \$300,000	<input type="checkbox"/> \$500,000	<input type="checkbox"/> \$1 Million	<input type="checkbox"/> Double Aggregate
DEDUCTIBLE	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1,000 (Mandatory on Classes Marked **)		

CLASS CODE	No. OF EMPLOYEES INCLUDING OWNER	BASE PREMIUM	SURCHARGE/ CREDIT	AGGREGATE	DED. FACTOR	PREM. FOR CLASS.
	OWNER(S) _____ X	_____ X	_____ X	_____ X	=	\$ _____
	FULL-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____
	PART-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____
	OWNER(S) _____ X	_____ X	_____ X	_____ X	=	\$ _____
	FULL-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____
	PART-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____
	OWNER(S) _____ X	_____ X	_____ X	_____ X	=	\$ _____
	FULL-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____
	PART-TIME _____ X	_____ X	_____ X	_____ X	=	\$ _____

OPTIONAL COVERAGES

NUMBER OF ADDITIONAL INTERESTS @ \$75.00 EACH = \$ _____

TERRORISM ENDORSEMENT – RATE 1% OF PREMIUM = \$ _____

TOTAL OPTIONAL COVERAGES = \$ _____

NOTE: NO COVERAGE WILL BE BOUND UNLESS THE APPLICATION IS ACCOMPANIED BY THE COMPLETED, SIGNED TERRORISM OFFER.

FINAL COMPUTATION

GENERAL LIABILITY PREMIUM	\$ _____
OPTIONAL COVERAGES	\$ _____
AUTO (Contact Statewide for quote)	\$ _____
TERRORISM ENDORSEMENT	\$ _____
POLICY FEE	\$ _____
TOTAL ADVANCE PREMIUM	\$ _____

AGENT/BROKER SIGNATURE _____ DATE _____

APPLICANT'S SIGNATURE _____ DATE _____

**ALL PREMIUMS ARE SUBJECT TO CHANGE WITHOUT NOTICE.
BASE PREMIUMS FOR ALL TERRITORIES**

CLASSIFICATION	\$300/300	\$500/500	\$1MIL/ \$1MIL	CLASSIFICATION	\$300/300	\$500/500	\$1MIL/ \$1MIL
** 91111 - A/C Repair & Install - Dwellings & Light Commercial Only				96053 - House Furnishings Installation			
Owners	1157	1330	1530	Owners	754	867	996
Full-Time	579	665	765	Full-Time	377	434	499
Part-Time	345	333	383	Part-Time	188	217	249
**91342 - Carpentry/NOC - Must hold state license.				96611 - Interior Decorator - Drapery Installation			
Owners	680	781	898	Owners	692	796	915
Full-Time	340	391	449	Full-Time	346	398	458
Part-Time	170	195	225	Part-Time	173	199	230
91405 - Carpet Cleaning				96816 - Janitorial - No Floor Waxing			
Owners	1001	1150	1323	Owners	627	722	830
Full-Time	501	576	662	Full-Time	314	361	415
Part-Time	250	288	331	Part-Time	157	181	208
96053 - Carpet Installation				97047 - Landscape Gardening - No Tree Trimming or Spraying			
Owners	422	486	559	Owners	775	891	1025
Full-Time	212	243	279	Full-Time	388	446	512
Part-Time	106	122	140	Part-Time	194	223	257
**91560 - Cement-Concrete - No Foundation Work				**97447 - Masonry - Must hold state license			
Owners	583	671	771	Owners	511	588	676
Full-Time	291	336	386	Full-Time	256	293	338
Part-Time	146	168	194	Part-Time	128	147	169
92215 - Driveway /Sidewalk Construction - No Street or Road Work				98305 - Painting, Decorating or Paper Hanging, Three Stories or Less			
Owners	623	716	824	Owners	824	947	1089
Full-Time	312	358	412	Full-Time	412	473	545
Part-Time	156	179	206	Part-Time	206	237	273
**92451 - Electrical Installation - Must hold state license				**98482 - Plumbing - No Sprinkler Install - Must hold state license			
Owners	626	720	828	Owners	1317	1515	1742
Full-Time	311	360	414	Full-Time	658	758	871
Part-Time	157	180	207	Part-Time	329	378	436
92478 - Electric Wiring Within Buildings (including telephone installation) No Burglar or Fire Alarm Work - Must hold state license				98884 - Sheet Metal, Including Mobile Home Repair			
Owners	605	696	800	Owners	641	737	848
Full-Time	302	348	401	Full-Time	320	369	424
Part-Time	151	175	201	Part-Time	161	185	212
+43470 - Pest Control / Exterminators - No Termite Work				99507 - Swim Pool Maintenance.			
Owners	813	934	1075	Owners	851	978	1125
Full-Time	407	467	537	Full-Time	426	490	563
Part-Time	203	234	269	Part-Time	212	245	282
94276 - Fence Erection - No Fence Dealers				99746 - Tile, Stone, Mosaic or Wood			
Owners	1135	1305	1501	Owners	596	685	788
Full-Time	568	653	751	Full-Time	298	343	394
Part-Time	284	327	375	Part-Time	149	172	197
14913 - Glaziers and Locksmiths				99975 - Window Cleaning - Not Over 2 Stories			
Owners	578	664	764	Owners	1040	1196	1375
Full-Time	289	332	383	Full-Time	520	599	688
Part-Time	145	167	192	Part-Time	261	300	344
95625 - Handyman (\$1000 compensation limit)							
Owners	680	781	898				
Full-Time	340	391	449				
Part-Time	170	195	225				

**TO INCREASE LIABILITY DEDUCTIBLE TO \$1,000, APPLY .95 FACTOR TO LIABILITY PREMIUM.
TO DOUBLE GENERAL AGGREGATE, INCREASE TOTAL PREMIUM BY 3%.**

**** \$1,000 Mandatory Deductible.**

**NOTE: EMPLOYEES WORKING MORE THAN 140 DAYS PER YEAR SHALL BE RATED AS FULL-TIME.
EMPLOYEES WORKING LESS THAN 140 DAYS PER YEAR SHALL BE RATED AS PART-TIME.**

