

STATEWIDE PREFERRED

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

NEW MEXICO ARTISAN CONTRACTORS PROGRAM OCCIDENTAL INSURANCE COMPANY

SUBJECT TO CHANGE WITHOUT NOTICE.

Effective 08/15/2008

This program provides coverage for contractors with less than \$500,000 annual payroll, and who subcontract work to others less than 10% of total annual revenues. Eligible trades people and construction related craftsmen are listed on the general liability rate page. No others are eligible for this program. To use the rates provided by this program, the risk should have 2 years experience with no more than 2 or more losses in the past two years either paid or reserved in excess of \$3,000.

CONTACT STATEWIDE PREFERRED UNDERWRITERS FOR COVERAGES NOT LISTED.

COVERAGES

General Liability – Up To \$1 Million Occurrence, \$2 Million Aggregate
Products/Completed Operations
Medical Payments - \$5000
Fire Legal Liability - \$100,000
Property – Building and Business Personal Property

ADDITIONAL COVERAGES AVAILABLE

Inland Marine	Mini-Micro Computer Equipment
Contractors Equipment, Including Equipment Rented for your use	Employee Dishonesty – Submit
Installation Floater	Money and Securities – Submit
Property Extension	Business Income
	Auto

SUBMIT

- Less than two years in business and/or no more than 2 or more losses in the past three years either paid or reserved in excess of \$3,000.
- Limits higher than are shown in these guidelines
- Gross revenue \$1.5 million
- Subcontractors over 10%
- Auto
- Any Bankruptcies
- Any Risk Outside Program
- Property and/or Inland Marine exceeding \$500,000 in total value.
- Work on New Tract or Subdivision Housing
- General Contractors
- Work on New Condos and Apartments

PROHIBITED

- Asbestos Removal
- Earthquake Rehabilitation
- Oil Field Work of Any Kind
- Exterior Work Above the Third Story
- Blasting or LPG Work
- Airport/Hospital/Demolition/Landfill Operations
- Burglar/FireAlarm/Polution Testing or Cleanup
- Contractors Who Rent or Lease Equipment to Others

TO SUBMIT, USE ACORD APPLICATION. COMPLETED TERRORISM FORM MUST ACCOMPANY APPLICATION TO BIND COVERAGE.

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NEW MEXICO ARTISAN CONTRACTORS PROGRAM OCCIDENTAL INSURANCE COMPANY PROPERTY AND INLAND MARINE COVERAGES AND RATES

PROPERTY COVERAGE BASE RATES SHOWN ARE PER \$100 FOR \$500 DEDUCTIBLE, SPECIAL FORM, 90% CO-INSURANCE. \$7,500 LIMIT FOR BUSINESS PERSONAL PROPERTY INCLUDED.

TERRITORY	BLDG/BPP	FRAME	J/M	N-C	CALCULATIONS
Albuquerque	Building	.447	.381	.328	
	Contents/BPP	.762	.653	.523	
Eastern N.M.	Building	.728	.742	.574	
	Contents/BPP	1.077	.935	.767	
Western N.M.	Building	.579	.493	.425	
	Contents/BPP	.987	.845	.677	

Protection Class Multipliers				To Increase Deductible, Use the Factors Listed Below			
1-3	4-6	7-9	10	\$1,000	.93	\$5,000	.89
.85	1.00	1.30	2.00	\$2,500	.91	\$10,000	.82
For 100% Co-Insurance Use .95 Factor							

INLAND MARINE COVERAGE BASE RATES ARE PER \$100 FOR \$500 DEDUCTIBLE ACV., \$250 MP

CONTRACTORS EQUIPMENT	RATE	LIMIT	PREMIUM
Miscellaneous Small Tools (Limited to \$500 Per Item, \$10,000 Aggregate)	2.50	X	= \$
Scheduled Equipment (Maximum \$25,000 Any One Item, \$100,000 Aggregate)	1.50	X	= \$
Rented/Leased Equipment – Minimum and Deposit of \$150 Maximum \$50,000 Any One Item – Rate 3.00 per \$100 of Rental Costs			\$
Mini/Micro Computer/EDP (Maximum Limits \$50,000 and \$10,000 Extra Expense)	1.00	X	= \$
Signs (Maximum \$15,000)	1.85	X	= \$
Valuable Papers (Maximum \$20,000)	35% of BPP Rate	X	= \$
Accounts Receivable (Non Reporting, Maximum \$25,000)	35% of BPP Rate	X	= \$
Installation Floater (Per \$100 Receipts) \$500 Min Premium Maximum Limit \$25,000 For All Locations	.15	X	= \$

CRIME COVERAGES (\$500 DEDUCTIBLE)

Employee Dishonesty – Coverage A -\$10,000 Limit, - SUBMIT	\$
Money and Securities, \$10,000 Inside, \$2500 Outside - SUBMIT	\$
Terrorism Premium (See Attached)	\$
TOTAL PREMIUM ALL COVERAGES	\$

TO SUBMIT, USE ACORD APPLICATION. COMPLETED TERRORISM FORM (SEE ATTACHED) MUST ACCOMPANY APPLICATION TO BIND COVERAGE.

STATEWIDE PREFERRED HAS AUTHORITY FOR HIGHER LIMITS THAN SHOWN. PLEASE CONTACT YOUR STATEWIDE PREFERRED UNDERWRITER IF HIGHER LIMITS ARE NEEDED.

INSURED'S NAME

EFFECTIVE DATE

PRODUCER'S NAME

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GENERAL LIABILITY COVERAGES

RATES SHOWN ARE PER \$1,000 PAYROLL, WITH \$500 PROPERTY DAMAGE DEDUCTIBLE.

CLASSIFICATION	CLASS	\$100/200	\$300/600	\$500/1 mil	\$1/2 MIL
Air Conditioning/Heating Repair	91111	17.44	20.97	22.81	24.95
Appliance Repair	91155	18.32	22.49	24.14	26.32
Cable TV Install/Service	91315	12.06	15.17	16.88	18.94
Carpentry – Interior/Shop – Must Hold License	91341	18.23	23.07	25.27	28.44
Carpentry – (NOC) – Must Hold License	91342	24.06	32.37	37.10	43.97
Carpet/Rug Cleaning	91405	22.49	27.64	30.45	33.72
Ceiling/Wall Installation – Metal	91436	13.76	17.65	19.60	24.46
Chimney Cleaning	91481	59.67	75.19	83.54	93.68
Concrete – No Foundation /No Tilt Up – Must Hold License	91560	20.43	27.05	30.59	36.80
Debris Removal	91629	9.60	12.64	14.32	16.75
Doors, Windows Installation – Metal – No Foundation	91746	19.15	23.05	25.57	28.59
Driveway, Parking Lot Construction	92215	16.74	20.36	22.30	24.57
Drywall or Wallboard Installation	92338	10.33	12.72	13.95	15.41
Electrical in Bldgs - Must Hold License	92478	7.05	8.76	9.69	10.82
Fence Erection	94276	18.02	23.47	26.12	30.20
Floor Covering Installation	94569	13.15	16.32	18.07	20.15
House Furnishings – Installation	95124	8.41	10.13	11.04	12.10
Insulation Work	96409	17.87	22.75	25.37	28.75
Interior Decoration	96611	3.60	4.54	5.04	5.65
Janitorial – No Floor Waxing	96816	13.58	17.53	19.37	22.06
Landscape Gardening	97047	15.41	17.77	18.71	19.82
Masonry Work – No Foundation – Must Hold License	97447	10.72	14.11	15.91	18.95
Office Machinery Install / Service	98111	2.03	2.57	2.84	3.20
Painting – Exterior – Under 4 Stories	98304	22.88	27.95	30.68	33.88
Painting – Interior	98305	12.27	14.90	16.32	17.96
Paper Hanging	98344	4.32	5.26	5.76	6.35
Plastering / Stucco	98449	26.28	33.67	37.63	42.93
Plumbing – Commercial – Must Hold License	98482	18.03	22.41	24.82	27.71
Plumbing – Residential – Must Hold License	98483	30.58	36.77	40.10	43.90
Pre Fab Building Erection	98502	18.25	23.87	26.87	31.93
Septic Tank Cleaning	98805	16.20	20.41	22.68	25.43
Sheet Metal Work – Outside	98884	11.10	13.47	14.75	16.23
Siding Installation – Under 3 Stories	98967	17.35	23.20	26.77	31.60
Sign Painting – Inside	99003	8.52	9.95	10.89	11.98
Sign Painting – Outside	99004	11.97	15.08	16.76	18.79
Swimming Pool Maintenance	99507	18.54	23.36	25.96	29.11
Tile, Stone, Marble Installation	99746	12.30	15.30	16.96	18.93
Window Cleaning	99975	15.93	20.07	22.30	25.01

RATE CALCULATION

Class	Rate	X	Ded.	CR/DB	=	Final Rate	X	Payroll	=	Premium
		X			=		X		=	\$
		X			=		X		=	\$
		X			=		X		=	\$
Policy Fee (see chart below)										\$
Total Premium										\$

POLICY FEES:

Premium	Fee
\$750 - \$2,500	\$100
\$2,501 - \$5,000	\$150
\$5,001 - \$10,000	\$250
Over \$10,000	Contact Underwriting

Use actual payroll for employees plus \$20,000 for each active owner, partner and/or executive officer. Multiple classes may be used to reflect actual exposures.

Credits up to 10% may be given to these rates. You must justify them to your underwriter.

10% Credit may be given if this is a loss free renewal in this program.

To Change PD Deductible from \$500 to:

\$1,000 = .93%

\$2,500 = .89%

Fire Legal Over \$100,000 - SUBMIT

ADDITIONAL INSURED (Must complete supplement*)

Name and Address of Additional Insured: _____

_____ Certificate Only

_____ Additional Insured **\$25 - Premium Fully Earned. Charge is in addition to minimum premium. No blanket AI Allowed.**

*No supplement is required if Additional Insured is: Landlord, Owner of Premises, Governmental Entity
 Mortgage / Loss Payee, Store (Retailer or Wholesaler)

Hired & Non Owned Auto:

\$100,000 CSL \$108

\$300,000 CSL \$132

\$500,000 CSL \$144

\$1 Million CSL \$159

MINIMUM POLICY PREMIUM - \$750

**POLICYHOLDER DISCLOSURE
NOTICE OF TERRORISM
INSURANCE COVERAGE**

You are hereby notified that under the Terrorism Risk Insurance Act, as amended, that you have a right to purchase insurance coverage for losses resulting from acts of terrorism, as defined in Section 102(1) of the Act. The term "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; and 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 THIS FORMULA, THE UNITED STATES GOVERNMENT GENERALLY PAYS 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 COVERED BY THE FEDERAL GOVERNMENT UNDER THE ACT.

YOU SHOULD ALSO KNOW THAT THE TERRORISM RISK INSURANCE ACT, AS AMENDED, CONTAINS A \$100 BILLION CAP THAT LIMITS U.S. 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.

Acceptance or Rejection of Terrorism Insurance Coverage

	I hereby elect to purchase Terrorism coverage for a prospective premium of \$ _____.
	I hereby decline to purchase terrorism coverage. I understand that I will have no coverage for losses resulting from acts of terrorism

Policyholder/Applicant's Signature

Insurance Company

Print Name

Policy Number

Date