



STATEWIDE INSURANCE CORP.

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

**WILSHIRE INSURANCE COMPANY
 ARTISAN PROGRAM
 UNDERWRITING AND SELF-RATER
 Revised Edition - Effective 09/26/2011**

MARKET AREA: ARIZONA

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 a fully earned, flat charge for each additional interest.
- 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 = \$ _____
 (If more than 10 AI's, call us for a bulk rate)

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 (See page 4 for rates) | \$ _____ |
| 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 | 1042 | 1197 | 1377 | Owners | 679 | 780 | 897 |
| Full-Time | 521 | 599 | 689 | Full-Time | 339 | 390 | 449 |
| Part-Time | 260 | 300 | 344 | Part-Time | 169 | 195 | 224 |
| **91342 - Carpentry/NOC – Must hold state license. No Framing | | | | 96611 - Interior Decorator - Drapery Installation | | | |
| Owners | 612 | 703 | 808 | Owners | 623 | 716 | 824 |
| Full-Time | 306 | 352 | 404 | Full-Time | 311 | 358 | 412 |
| Part-Time | 153 | 176 | 203 | Part-Time | 156 | 179 | 207 |
| 91405 - Carpet Cleaning | | | | 96816 - Janitorial – No Floor Waxing | | | |
| Owners | 901 | 1035 | 1191 | Owners | 565 | 650 | 747 |
| Full-Time | 451 | 518 | 595 | Full-Time | 283 | 325 | 373 |
| Part-Time | 225 | 259 | 298 | Part-Time | 141 | 163 | 187 |
| 96053 - Carpet Installation | | | | 97047 - Landscape Gardening – No Tree Trimming or Spraying | | | |
| Owners | 380 | 437 | 503 | Owners | 697 | 802 | 923 |
| Full-Time | 190 | 219 | 251 | Full-Time | 349 | 401 | 461 |
| Part-Time | 96 | 109 | 126 | Part-Time | 174 | 201 | 231 |
| **91560 - Cement-Concrete – No Foundation Work | | | | **97447 - Masonry – Must hold state license | | | |
| Owners | 525 | 603 | 694 | Owners | 460 | 529 | 608 |
| Full-Time | 262 | 302 | 347 | Full-Time | 230 | 264 | 305 |
| Part-Time | 131 | 151 | 174 | Part-Time | 115 | 132 | 152 |
| 92215 - Driveway Construction - No Street, Sidewalk or Road Work | | | | 98305 - Painting, Decorating or Paper Hanging, Three Stories or Less | | | |
| Owners | 561 | 645 | 741 | Owners | 741 | 852 | 980 |
| Full-Time | 281 | 322 | 371 | Full-Time | 371 | 426 | 490 |
| Part-Time | 140 | 161 | 185 | Part-Time | 185 | 213 | 245 |
| **92451 - Electrical Installation – Must hold state license | | | | **98482 – Plumbing - No Sprinkler Install – Must hold state license | | | |
| Owners | 564 | 648 | 745 | Owners | 1185 | 1363 | 1567 |
| Full-Time | 279 | 324 | 373 | Full-Time | 592 | 682 | 784 |
| Part-Time | 141 | 162 | 186 | Part-Time | 296 | 340 | 392 |
| 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 | 544 | 626 | 720 | Owners | 577 | 663 | 763 |
| Full-Time | 272 | 313 | 360 | Full-Time | 288 | 332 | 382 |
| Part-Time | 136 | 157 | 181 | Part-Time | 145 | 166 | 191 |
| 43470 - Exterminators - Pest Control - No Termite Work | | | | 99507 - Swim Pool Maintenance. | | | |
| Owners | 732 | 841 | 968 | Owners | 765 | 880 | 1013 |
| Full-Time | 366 | 420 | 483 | Full-Time | 383 | 441 | 506 |
| Part-Time | 183 | 211 | 242 | Part-Time | 191 | 220 | 254 |
| 94276 - Fence Erection - No Fence Dealers | | | | 99746 - Tile, Stone, Mosaic or Wood | | | |
| Owners | 1021 | 1175 | 1351 | Owners | 536 | 616 | 709 |
| Full-Time | 511 | 587 | 675 | Full-Time | 268 | 309 | 355 |
| Part-Time | 255 | 294 | 338 | Part-Time | 134 | 155 | 177 |
| 14913 - Glaziers and Locksmiths | | | | 99975 - Window Cleaning - Not Over 2 Stories | | | |
| Owners | 520 | 598 | 688 | Owners | 936 | 1076 | 1238 |
| Full-Time | 260 | 299 | 344 | Full-Time | 468 | 539 | 619 |
| Part-Time | 130 | 150 | 173 | Part-Time | 235 | 270 | 309 |
| 95625 - Handyman (\$1000 compensation limit) | | | | | | | |
| Owners | 612 | 703 | 808 | | | | |
| Full-Time | 306 | 352 | 404 | | | | |
| Part-Time | 153 | 176 | 203 | | | | |

**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.**

COMMERCIAL AUTO – Contractor’s Program

Eligibility For Commercial Auto

1. Maximum of 5 units – All units must be less than 20,000 GVW.
2. Drivers must be over 24 and under 65 years of age – No more than 2 minor violations over 36 months.
3. No loss payments over \$2,000 within last 2 years.
4. Local radius no more than 100 miles from garaging location.
5. Physical Damage Limit no greater than \$50,000 for any one unit.
6. New Ventures – Add 10% surcharge to all lines except UM/UIM & Medical
7. Submit any risk outside of the above written guidelines.
8. Risks with no insurance for past 90 days – Please submit for underwriting approval.
9. \$250 Liability Deductible.
10. No Mono-Line Auto allowed.
11. Minimum Premium - \$400

Units Under 10,000 GVW

| TERRITORY | \$100,000 | | \$300,000 | | \$500,000 | | \$1,000,000 | |
|--------------------|------------|---------|------------|---------|------------|---------|-------------|---------|
| | Power Unit | Trailer | Power Unit | Trailer | Power Unit | Trailer | Power Unit | Trailer |
| 007 | 478 | 72 | 579 | 82 | 632 | 95 | 721 | 109 |
| 010 | 406 | 62 | 492 | 74 | 538 | 81 | 614 | 93 |
| 015, 016, 017 | 1071 | 162 | 1296 | 195 | 1417 | 214 | 1618 | 243 |
| 018, 019 | 798 | 121 | 966 | 146 | 1140 | 159 | 1206 | 182 |
| 020, 021, 022, 027 | 795 | 120 | 963 | 145 | 1052 | 158 | 1202 | 181 |
| 023, 024 | 950 | 144 | 1150 | 173 | 1257 | 190 | 1435 | 216 |
| 025, 026 | 366 | 55 | 443 | 67 | 484 | 73 | 553 | 83 |
| 028, 029, 030 | 387 | 59 | 469 | 71 | 512 | 77 | 585 | 88 |

Units Over 10,000 / Under 20,000 GVW

| TERRITORY | \$100,000 | | \$300,000 | | \$500,000 | | \$1,000,000 | |
|--------------------|------------|---------|------------|---------|------------|---------|-------------|---------|
| | Power Unit | Trailer | Power Unit | Trailer | Power Unit | Trailer | Power Unit | Trailer |
| 007 | 645 | 72 | 781 | 87 | 853 | 95 | 973 | 109 |
| 010 | 548 | 62 | 664 | 74 | 726 | 81 | 829 | 93 |
| 015, 016, 017 | 1446 | 162 | 1750 | 195 | 1913 | 214 | 2184 | 243 |
| 018, 019 | 1077 | 121 | 1304 | 146 | 1539 | 159 | 1628 | 182 |
| 020, 021, 022, 027 | 1073 | 120 | 1300 | 145 | 1420 | 158 | 1623 | 181 |
| 023, 024 | 1283 | 144 | 1553 | 173 | 1697 | 190 | 1937 | 216 |
| 025, 026 | 494 | 55 | 598 | 67 | 653 | 73 | 747 | 83 |
| 028, 029, 030 | 522 | 59 | 633 | 71 | 691 | 77 | 790 | 88 |

Uninsured / Underinsured

| \$50,000 | \$100,000 | \$300,000 | \$500,000 | \$1,000,000 |
|----------|-----------|-----------|-----------|-------------|
| \$45 | \$79 | \$121 | \$185 | \$265 |

Medical Payments

| \$500 | \$1,000 | \$2,000 | \$5,000 |
|-------|---------|---------|---------|
| \$25 | \$40 | \$55 | \$125 |

Physical Damage

(ACV – Rated Per Hundred – Specified Perils/Collision)

Minimum Premiums: Power Units - \$250 / Trailers - \$150

| \$500 Deductible | | \$1,000 Deductible | |
|---------------------|------|---------------------|------|
| 0 - \$10,000 | 4.5% | 0 - \$10,000 | 4.0% |
| \$10,001 - \$25,000 | 4.3% | \$10,001 - \$25,000 | 3.8% |
| \$25,001 - \$50,000 | 4.1% | \$25,001 - \$50,000 | 3.6% |

Commercial Auto Information

Vehicle Information

Power Units (All units must be consistent in coverage)

| Year | Model | GVW | Value (ACV) | Ded. | VIN # |
|------|-------|-----|-------------|------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Trailers (All units must be consistent in coverage)

| Year | Model | Value (ACV) | Ded. | VIN # |
|------|-------|-------------|------|-------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Driver Information

| Name | D/O/B | D.L. Number & State |
|------|-------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Limits

| Liability | UM/UIM | Med Pay |
|-----------|--------|---------|
| | | |

New Venture? Yes ___ No ___ (If Yes, Please apply a 10% surcharge to all lines except UM/UIM & Med Pay)

Prior Carrier / Losses _____

No Insurance in Past 90 Days? Yes ___ No ___ (If Yes, Please Submit for Underwriting Approval)

Other Info/Remarks: _____
