



STATEWIDE INSURANCE CORP.

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

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 \$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 = \$ _____
 (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: _____

**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