

CRAFTS 12 COMPOSITE RATES
MANUFACTURERS AND CONTRACTORS (LS-3)

<u>CLASSIFICATION</u>	<u>CODE</u>	<u>*GL RATE</u> <u>PER \$100/PAYROLL</u>	<u>**PROD/COMP. OPER.</u> <u>RATE PER \$1,000/RECEIPTS</u>
APPLIANCE - INST, SER, REP	37031	.47	2.28
CABINET MAKER	36006	.08	.57
CARPET INSTALLER	37054	.69	.57
CARPENTER	36007	.83	.73
COMMUNICATION INSTALLER	37015	1.26	1.04
CONTRACTOR	35028	1.03	1.33
DRY WALL	36009	.51	.46
ELECTRICIAN	36010	.47	.89
FENCE ERECTION	37019	1.50	1.22
FLOOR SANDING	35034	.51	.46
GLAZIER	36011	.62	.36
GROUTING	36012	1.71	.57
INTERIOR DECORATOR	36016	.51	.55
JANITOR/CLEANING SERVICE	36018	.51	.51
LANDSCAPER	40021	.79	1.52
LATHING	36019	.24	.39
MASON (FLAT WORK)	36020	.78	.15
PAINTING/DECORATION/PAPER	40080	.63	.18
PAVING/BLACKTOPPING	37047	.69	.57
PET GROOMING	37046	.69	.57
PHOTOGRAPHERS	36023	.12	.01
PLASTERING	36025	.72	.39
PLUMBING	36026	.86	1.73
SHEETMETAL WORK	35033	.52	.19
SIDING	36034	.50	.46
SURVEYORS	40057	.92	1.52
TILE & STONE	37053	.69	.23
UPHOLSTERING	36032	.04	.41

* \$20,000 Minimum per person (partner, officer, insured and employee)

**\$20,000 Minimum

Basic Policy includes \$1000 BPP

INLAND MARINE (250 Ded)

RATE PER \$1000

	<u>NAMED PERIL</u>	<u>FORM</u>	<u>NOT OTHERWISE EXC.</u>
Contractors Equip.	\$ 9 (Fire Theft)	(MR71)	\$11 (MR72)
Misc. Prop.	\$ 5 (Fire, VMM)	(MR54)	\$16 (MR52)
	\$10 (Inc. Theft)		
Tools & Equip. (portable)	\$ 8 (Fire, Theft, <u>No</u> VMM)	(MR80)	\$15 (MR79)
Computer	N/A	N/A	\$ 7 (MR61)

**ONTARIO INSURANCE COMPANY
CRAFTSMAN WORKSHEET**

Insured _____ Eff. Date _____ Agent/Code _____
 Class _____ Code _____ Payroll \$ _____ Receipts \$ _____
 Liability Limits \$ _____ Optional Liability (LS5, LS6) _____
 BPP Limit \$ _____ Optional Property _____
 Protection _____ Construction _____ Year _____ Deductible _____
 Optional Forms _____

BASIC PREMIUM (See reverse side for rates) (A) or (B) MIN. PREM.
 (See Chart Below)

(1) \$80 Flat Charge → = \$80 Flat Charge \$ _____ (B)

(2) GL Rate x .95 x Inc. Lim. = Final Rate x Payroll = GL Prem
 (Per \$100 of Payroll)

(3) Prod. Rate x .95 x Inc. Lim. = Final Rate x Receipts = Prod. Prem.
 (Per \$1000 of Receipts)

TOTAL ENTER LARGER OF
 1, 2, + 3 \$ _____ (A) (A) or (B) below
 \$ _____

Optional Property
 BPP - Add'l \$ _____ x Rate \$ _____ \$ _____
 Off Premises \$ _____ x \$5 \$ _____
 Inland Marine: (See reverse side for rates) _____ \$ _____
 _____ \$ _____

Optional Liability
 LS5 = \$23 x GL. Inc. Lim. _____ or LS6 = \$27 x GL. Inc. Lim. _____ \$ _____
 Fire Legal (use LS48 with LS3, LS5) \$25 (LS3, 5, 6) \$ _____
 Personal Injury (Inc. with LS6) (LS3, LS5) = \$15 x GL. Inc. Lim _____ (LS49) \$ _____
 Add'l Insured (LS-19, 21, 22) Liab. Prem. x 10% (Owners, Loss Payees), 25% (Contractors, Subs) \$ _____
 Total Premium \$ _____
 Fire Fee (Step 1 + Optional Prop.) x .00625 \$ _____

INCREASED LIMITS			(B) MINIMUM PREM.	
GL	LIMITS	PRODUCTS	(W/PROD)	(W/O PROD)
1.31	100,000	1.50	\$308	\$262
1.75	300,000	1.80	\$411	\$350
2.07	500,000	2.12	\$486	\$414
2.48	1,000,000	2.48	\$583	\$496

Does insured maintain gross receipts records? [] Yes [] No
 Annual Payroll for all employees (including insured, partners, officers, employees) _____
PAYROLL \$ _____ **Number of Employees:** Full-time _____ Part-time _____ **GROSS RECEIPTS \$** _____
 Are you a General Contractor? (One who uses sub-contractors and is responsible for supervising overall job) [] Yes [] No
 List type of work subcontracted: _____
 What percentage of your overall work (jobs) is subcontracted to others? _____ %
 Do you maintain Certificates of Insurance from your subcontractors? [] Yes [] No
 What percentage of your overall work is yourself performing subcontracting for others? _____ %
 Any work over 2 stories? _____ % Roofing operations? _____ %
 Any equipment loaned or rented to others? [] Yes [] No
 Any equipment rented by you? [] Yes [] No
 If yes, type of equipment _____
 Is equipment loaned or rented with or without operators? [] Yes [] No
 Any trenching, digging, excavating, grading, earth-moving, snow plowing? [] Yes [] No
 If yes, please describe and indicate %: _____
 Any Business Activity or Operations performed **OUTSIDE OF NY STATE or over 100 miles from business location?** [] Yes [] No
 Do you handle or dispose of pollutants or hazardous wastes? [] Yes [] No
 Do you **OWN, OPERATE or PARTICIPATE** in any other **BUSINESS**, including rental property? [] Yes [] No
 If YES, name and description _____

MANDATORY PROPERTY COVERAGES

* \$1,000 automatically included for each of the following at no charge (Indicate total limit desired, if other than \$1000)

* Accounts Receivables	\$ _____	* Money & Securities	\$ _____
* Business Credit Card	\$ _____	* Property of Others (On Prem.)	\$ _____
* BPP (On Prem.)	\$ _____	* Valuable Papers	\$ _____
* BPP (Off Prem.)	\$ _____	* Employee Dishonesty	\$ _____

OPTIONAL PROPERTY COVERAGES

Customers Goods (SF132/SF132A)	\$ _____	Extra Expense (SF44)	\$ _____
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Building: _____ Location: _____ Describe: _____

INLAND MARINE COVERAGES (\$250 Deductible)

Inland Marine: \$500 _____ \$1000 _____

Contractors Equipment:		Misc. Prop. Floater:	
Named Perils	MR 71	All Risk	MR 52
All Risk	MR 72	Named Perils	MR 54
	\$ _____	Computer Coverage	MR 61
	\$ _____		\$ _____
Tools & Equip:		Exterior Signs	MR 89
All Risk excl theft	MR78		\$ _____
All Risk incl theft	MR79		
Named Perils incl theft	MR80		
	\$ _____		

Other: _____

LIABILITY COVERAGES/LIMITS

Liability Each Occurrence: [] \$100,000 [] \$300,000 [] \$500,000 [] \$1,000,000
Medical Payments \$1,000/25,000 included

[] LS 3 Manufacturers & Contractors	[] Products/Completed Operations	
[] LS 5 Business General	[] LS 48 Fire Legal Liability	[] Increased Medical Payments \$1,000/50,000
[] LS 6 Business General-Extra Coverage	[] LS 49 Personal Injury	

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application containing any false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

Applicant's Signature: _____ Date: _____

Producer's Signature: _____ Date: _____

Ontario Insurance Company

CRAFTSMAN APPLICATION

AGENCY _____ CODE # _____ NEW [] _____

EFFECTIVE DATE: _____

REWRITE [] _____

NAME OF INSURED: _____

INSURED'S MAILING ADDRESS: _____
(STREET) (P O BOX)

_____ (CITY) (STATE) (ZIP CODE)

PHONE: (H) _____ (W) _____ SOC. SEC. #: _____

PAYMENT PLAN: [] Annual [] 2 Pay (Min.\$200) [] 3 Pay (Min. \$350) [] 4 Pay (Min. \$400) [] 5 Pay (Min.\$600) MIN. \$100 REQUIRED TO BIND

NAMED INSURED IS: [] Individual [] Corporation [] Partnership [] Other _____

LIST ALL TYPES OF OPERATIONS AND TYPES OF JOBS: _____

CRAFT/12 CLASSIFICATION: _____ CRAFT/12 CODE: _____

PREMISES LOCATION: _____ FIRE DISTRICT: _____

RATING INFORMATION:

Construction
 Frame
 Masonry

BPP Location
 Office Storage
 Shop Garage

Protection
 Highly Protected Protected
 Partially Protected Unprotected

LOSS PAYEE & ADDRESS: _____

DESCRIPTION OF PROPERTY FOR LOSS PAYEE: _____

ADDITIONAL INSURED: _____ INTEREST: _____

ADDRESS: _____

INSURANCE HISTORY OR WORK HISTORY (Past 3 years) (MUST BE COMPLETED TO PROCESS)

Insurer or Employer Policy # or Employer Address Annual Premium or Employment Dates

1. _____
2. _____
3. _____

LOSS HISTORY (Past 3 years) (MUST BE COMPLETED TO PROCESS)

Date Paid Reserved Liability/Property Description of Loss

1. _____
2. _____

Any insurance coverage declined, cancelled or non-renewed in the past three (3) years? [] Yes [] No
 How long has insured operated this class of business as owner? _____
 How many years has insured worked for others? _____ Complete work history above.
 Is this a full time operation? [] Yes [] No
 Does insured maintain payroll records? [] Yes [] No