

Commercial Risk Summary – Casual & Artisan Contractors



TERMITE CONTROL

SIC CODE: 7342 Disinfecting and Pest Control Services

NAICS CODE: 56171 Exterminating and Pest Control Services

Suggested ISO General Liability Code: 43470

Suggested Workers Compensation Code: 9014, 4828

Description of operations: Termite control experts provide services to commercial, farm, industrial and residential customers. In addition to initial extermination, the termite control expert provides a service to monitor and keep away any new infestation.

Property exposures must focus on storage of the chemical applications at the contractor's own site. Any flammable chemicals must be properly labeled, separated and stored in approved containers, cabinets and rooms.

Inland marine exposures come from the Contractors' Equipment and the transport of equipment, chemicals and supplies to the customer's premises.

Premises liability can be a concern during the process of applying chemicals. Have all customers received proper instructions on controls regarding children, food and pets while the application is in progress? Are premises checked before application is done to make sure the property is evacuated? Are all employees licensed and certified for the chemicals being applied?

Is a warranty or a guarantee given? What are their conditions and must the insured meet certain expectations?

Environmental impairment exposure may be high. Disposal, improper application and cleanup controls must all be carefully reviewed. Completed operations may have high exposure to loss. Were the chemicals properly applied? Were all warnings and follow-up procedures explained? Chemical exposure can cause severe bodily injury from both a completed operations and a workers compensation standpoint.

Automobile exposure is high due to the transport of chemicals. Age, training, experience and records of the drivers, as well as the age, condition and maintenance of the vehicles, are all important items to consider. Employees may need HazMat licenses for some chemicals used.

Workers compensation exposure may be high. Workers can experience lung, eye, or skin irritations and reactions to the chemicals. Are all workers using protective gear? Is such mandatory? What controls are in place? Slip and fall can occur during application. Lifting, back injury, hernia and sprain and strain are all common occurrences.

The types of chemicals used and the types of properties treated determine the true exposure. However, this type of risk often must go to the excess and surplus area to find a market.

Minimum recommended coverages:

Business Personal Property, Contractors' Equipment, Employee Dishonesty, General Liability, Employee Benefits, Umbrella, Automobile Liability and Physical Damage, Hired and Nonownership Auto, Workers Compensation

Commercial Risk Summary – Casual & Artisan Contractors

Other coverages to consider:

Building, Business Income with Extra Expense, Accounts Receivable, Computers, Installation Floater, Employment Related Practices, Directors and Officers - for profit, Environmental Impairment, Stop Gap Liability, Federal Employer Workers Compensation

Commercial Risk Checklist – Casual & Artisan Contractors

Agent: The coverages listed below are suggested for consideration for casual and artisan contractors. After evaluating each of the listed coverages, check the recommended blank by those that apply specifically to this client. Make sure both the exposure and the coverage are explained to the client.

Client: For each of the coverages that the agent has recommended, initial whether you have chosen to accept or reject that coverage in the blanks provided.

PROPERTY COVERAGES

	Recommend	Accept	Reject	Not Applicable
Building and Personal Property Coverage Form				
Building	_____	_____	_____	_____
Business Personal Property	_____	_____	_____	_____
Personal Property of Others	_____	_____	_____	_____
Improvements and Betterments	_____	_____	_____	_____
Building and Personal Property Coinsurance				
Percentages None 80% 90% 100%	_____	_____	_____	_____
Bldg ___ ___ ___ ___	_____	_____	_____	_____
BPP ___ ___ ___ ___	_____	_____	_____	_____
PPO ___ ___ ___ ___	_____	_____	_____	_____
I&B ___ ___ ___ ___	_____	_____	_____	_____
Alternatives to Coinsurance				
Agreed Value	_____	_____	_____	_____

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Functional Replacement Cost	_____	_____	_____	_____
Peak Season	_____	_____	_____	_____
Reporting Form	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

Optional Property Coverage Forms

Commercial or Manufacturers Output Policy	_____	_____	_____	_____
Condominium-Unit-owners Coverage	_____	_____	_____	_____
Equipment Breakdown	_____	_____	_____	_____
Legal Liability	_____	_____	_____	_____
Standard Property Policy	_____	_____	_____	_____

Optional Property Endorsements

Additional Debris Removal	_____	_____	_____	_____
Ordinance or Law	_____	_____	_____	_____
Outdoor Trees, Shrubs and Plants Enhancement	_____	_____	_____	_____
Replacement Cost Valuation	_____	_____	_____	_____
Utility Services-Direct Damage	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Other Property Options

TIME ELEMENT COVERAGES

	Recommend	Accept	Reject	Not Applicable
Business Income With Extra Expense Coinsurance Percentage ____	_____	_____	_____	_____
Business Income Without Extra Expense Coinsurance Percentage ____	_____	_____	_____	_____
Extra Expense	_____	_____	_____	_____
Leasehold Interest	_____	_____	_____	_____
<i>Alternatives to Coinsurance</i>	_____	_____	_____	_____
Agreed Value	_____	_____	_____	_____
Maximum Period of Indemnity	_____	_____	_____	_____
Monthly Limit of Indemnity	_____	_____	_____	_____
Premium Adjustment	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Optional Time Element Endorsements

Business Income from Dependent Properties	_____	_____	_____	_____
Ordinance or Law Increased Period of Restoration	_____	_____	_____	_____
Utility Services	_____	_____	_____	_____

Other Time Element Coverages

	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

PROPERTY AND TIME ELEMENT CAUSES OF LOSS

		Recommend	Accept	Reject	Not Applicable
Bldg BPP PPO BI EE					
Basic	___ ___ ___ ___ ___	_____	_____	_____	_____
Broad	___ ___ ___ ___ ___	_____	_____	_____	_____
Special	___ ___ ___ ___ ___	_____	_____	_____	_____
Earthquake	___ ___ ___ ___ ___	_____	_____	_____	_____
Flood	___ ___ ___ ___ ___	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Other Cause of Loss Endorsements

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

INLAND MARINE COVERAGES

	Recommend	Accept	Reject	Not Applicable
Accounts Receivable	_____	_____	_____	_____
Builders Risk	_____	_____	_____	_____
Contractors Equipment	_____	_____	_____	_____
Difference In Conditions – DIC	_____	_____	_____	_____
Electronic Data Processing	_____	_____	_____	_____
Goods in Transit	_____	_____	_____	_____
Installation	_____	_____	_____	_____
Installment Sales	_____	_____	_____	_____
Signs (Neon and Electric)	_____	_____	_____	_____
Valuable Papers and Records	_____	_____	_____	_____

Other Inland Marine Coverages

_____	_____	_____	_____	_____
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Commercial Risk Checklist – Casual & Artisan Contractors

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CRIME COVERAGES

	Recommend	Accept	Reject	Not Applicable
Money, Securities and Other Property				
Employee Dishonesty	_____	_____	_____	_____
Including Customer's Goods	_____	_____	_____	_____
Computer Fraud	_____	_____	_____	_____
Extortion	_____	_____	_____	_____
Forgery or Alterations	_____	_____	_____	_____
Identity Fraud Expense	_____	_____	_____	_____
Lessees of Safe Deposit Boxes (Securities and Other Property only)	_____	_____	_____	_____
Money and/or Securities Only				
Theft, Disappearance and Destruction	_____	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____	_____
Securities Deposited With Others	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Property other than Money and Securities

Premises Burglary	_____	_____	_____	_____
Premises Theft	_____	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____	_____

Other Crime Coverages

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LIABILITY COVERAGES

	Recommend	Accept	Reject	Not Applicable
Commercial General Liability				
Occurrence Basis	_____	_____	_____	_____
Claims-Made Basis	_____	_____	_____	_____

Optional Liability Coverages

Cyber Liability	_____	_____	_____	_____
Directors and Officers	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Employee Benefits	_____	_____	_____	_____
Employment-related Practices	_____	_____	_____	_____
Owners and Contractors Protective	_____	_____	_____	_____
Products/Completed Operations only	_____	_____	_____	_____
Railroad Protective	_____	_____	_____	_____
Special Events	_____	_____	_____	_____

Other Liability Coverages

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BUSINESSOWNERS POLICY

_____	_____	_____	_____
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PROFESSIONAL AND E&O LIABILITY COVERAGES

_____	_____	_____	_____
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COMMERCIAL AUTO COVERAGES

	Recommend	Accept	Reject	Not Applicable
Liability	_____	_____	_____	_____
Physical Damage	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Hired Cars	_____	_____	_____	_____
Non-Ownership Auto	_____	_____	_____	_____
P.I.P./No-Fault	_____	_____	_____	_____

Optional Automobile Coverages

Medical Payments	_____	_____	_____	_____
Uninsured Motorists	_____	_____	_____	_____
Underinsured Motorist	_____	_____	_____	_____

Other Auto Coverages

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORKERS COMPENSATION COVERAGES

	Recommend	Accept	Reject	Not Applicable
Workers Compensation and Employers Liability	_____	_____	_____	_____
Stop Gap or Employers Liability Coverage	_____	_____	_____	_____
Federal Employers Liability Act	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

Longshore and Harbor Workers Coverage _____

Voluntary Compensation _____

Other Workers Compensation Endorsements

EXCESS LIABILITY COVERAGES

Recommend Accept Reject Not Applicable

Umbrella Policy _____

Excess Liability Policy _____

AVIATION COVERAGES

Aircraft Policy _____

Passenger Liability _____

SPECIALTY COVERAGES

Environmental Impairment Liability Policy _____

Fiduciary Liability Insurance _____

Commercial Risk Checklist – Casual & Artisan Contractors

International/Foreign Operations Insurance	_____	_____	_____	_____
Media/Communication Liability	_____	_____	_____	_____
Rain or Weather Insurance	_____	_____	_____	_____
Terrorism Insurance	_____	_____	_____	_____
Title Insurance	_____	_____	_____	_____
Underground Storage Tank Liability – UST	_____	_____	_____	_____

Other Specialty Coverages

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

BONDS

Bid Bond	_____	_____	_____	_____
Contract Bond	_____	_____	_____	_____
Labor and Material (Payment) Bond	_____	_____	_____	_____
License and Permit Bond	_____	_____	_____	_____

Other Bonds

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Commercial Risk Checklist – Casual & Artisan Contractors

OTHER OPTIONS

Comments

I certify that I have reviewed my coverage needs in accordance with this checklist with my agent and I have accepted or rejected the recommended coverages as indicated by my initials in the spaces above.

_____ Signature of Client _____ Date

_____ Title

I certify that I have reviewed the coverages outlined in this checklist with my client and that the initials of the client indicate the acceptance or rejection of the coverages recommended.

_____ Signature of Agent _____ Date