

# Commercial Risk Summary – Casual & Artisan Contractors

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## FUMIGATORS

SIC CODE: 7342 Disinfecting and Pest Control Services

NAICS CODE: 56171 Exterminating and Pest Control Services

Suggested ISO General Liability Codes: 43860

Suggested Workers Compensation Code: 4828

**Description of operations:** Fumigation occurs when fumes are pumped into an area to free it from contamination. The most common use of fumigation is in pest and insect control. The contractor will seal an area with plastic or other type of containment material and pump a gas into the area. The gas permeates through the walls and all spaces in order to eliminate all pests.

**Property exposures** will depend on the type of chemicals stored, the amounts and flammability. Any flammable items must be stored in appropriate containers and in enclosed storage areas. All fire should be kept away from the area as well as from any fumes that are emitted. Quantities should be kept at a minimum.

**Inland marine exposures** result from the transport of the contractor's equipment and chemicals to the customers' premises. The tarps and plastics used to enclose the areas may be bulky and require attention to folding and tying down.

**Premises liability** can be a concern while in the process of applying chemicals. Have all customers received proper instructions on controls regarding children, food and pets while the application is in process? Are premises checked before application is done to make sure the property is evacuated? Are all employees properly licensed and certified? Waste disposal is always a concern. What do they do with the residue, how do they clean the equipment and what happens with the run-off?

**Environmental impairment** can also be high. Disposal, proper application and cleanup controls must all be carefully reviewed.

**Automobile exposure** is high for the transport of chemicals. Age, training, experience and drivers' records, as well as the age, condition and maintenance of the vehicles, are all important items to consider. Drivers should have HazMat licenses.

**Completed operations** may have high exposure to loss. Were the chemicals properly applied? Were all warnings given and adequate explanation of follow-up procedures? If applied in agricultural settings, were all chemicals approved for use on food products? Significant and severe bodily injury may result to chemical exposure from both a completed operations and a workers compensation standpoint.

**Workers Compensation** hazards are 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. Is the evacuation of all employees carefully documented prior to allowing any chemicals into the buildings?

While a very necessary industry, the hazards are very high because of chemical exposure to customers and employees. The excess market may need to be used in order to place general liability and workers compensation.

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## **Minimum recommended coverage:**

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

## **Other coverages to consider:**

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

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**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
<b>Building and Personal Property Coverage Form</b>				
Building	_____	_____	_____	_____
Business Personal Property	_____	_____	_____	_____
Personal Property of Others	_____	_____	_____	_____
Improvements and Betterments	_____	_____	_____	_____
<b>Building and Personal Property Coinsurance</b>				
Percentages None 80% 90% 100%	_____	_____	_____	_____
Bldg     ___ ___ ___ ___	_____	_____	_____	_____
BPP       ___ ___ ___ ___	_____	_____	_____	_____
PPO       ___ ___ ___ ___	_____	_____	_____	_____
I&B       ___ ___ ___ ___	_____	_____	_____	_____
<b>Alternatives to Coinsurance</b>				
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	_____	_____	_____	_____

## Other Property Options

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## 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	_____	_____	_____	_____
<b><i>Alternatives to Coinsurance</i></b>	_____	_____	_____	_____
Agreed Value	_____	_____	_____	_____
Maximum Period of Indemnity	_____	_____	_____	_____
Monthly Limit of Indemnity	_____	_____	_____	_____
Premium Adjustment	_____	_____	_____	_____

## Optional Time Element Endorsements

Business Income from Dependent Properties	_____	_____	_____	_____
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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      _____      _____      _____      _____	_____	_____	_____	_____

## Other Cause of Loss Endorsements

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## 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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## CRIME COVERAGES

	Recommend	Accept	Reject	Not Applicable
<b>Money, Securities and Other Property</b>				
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)	_____	_____	_____	_____
<b>Money and/or Securities Only</b>				
Theft, Disappearance and Destruction	_____	_____	_____	_____
Robbery and Safe Burglary	_____	_____	_____	_____
Securities Deposited With Others	_____	_____	_____	_____
<b>Property other than Money and Securities</b>				
Premises Burglary	_____	_____	_____	_____



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Premises Theft	_____	_____	_____	_____
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Robbery and Safe Burglary	_____	_____	_____	_____
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## Other Crime Coverages

	_____	_____	_____	_____
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	_____	_____	_____	_____
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	_____	_____	_____	_____
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## LIABILITY COVERAGES

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

## Optional Liability Coverages

Cyber Liability	_____	_____	_____	_____
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Directors and Officers	_____	_____	_____	_____
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Employee Benefits	_____	_____	_____	_____
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Employment-related Practices	_____	_____	_____	_____
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Owners and Contractors Protective	_____	_____	_____	_____
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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	_____	_____	_____	_____
Hired Cars	_____	_____	_____	_____
Non-Ownership Auto	_____	_____	_____	_____
P.I.P./No-Fault	_____	_____	_____	_____

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## 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	_____	_____	_____	_____
Longshore and Harbor Workers Coverage	_____	_____	_____	_____
Voluntary Compensation	_____	_____	_____	_____

## Other Workers Compensation Endorsements

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

## 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	_____	_____	_____	_____
International/Foreign Operations Insurance	_____	_____	_____	_____
Media/Communication Liability	_____	_____	_____	_____
Rain or Weather Insurance	_____	_____	_____	_____
Terrorism Insurance	_____	_____	_____	_____
Title Insurance	_____	_____	_____	_____

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Underground Storage Tank Liability – UST

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## Other Specialty Coverages

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## BONDS

Bid Bond

\_\_\_\_\_

Contract Bond

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Labor and Material (Payment) Bond

\_\_\_\_\_

License and Permit Bond

\_\_\_\_\_

## Other Bonds

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## OTHER OPTIONS

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## Comments

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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