

Phone: 1-888-411-7679 Fax: 1-866-313-9739
SPECIALIZING IN CONTRACTORS & CONSTRUCTION INSURANCE SINCE 1986
 Commercial General Liability – Autos/Trucks – Course of Construction – Wrap-Ups
 Contractors Equipments/Tools - Bonds – Workers Compensation – Health – Life

A) Your Company Name: _____ B) Contractor License Number (s): _____
 C) Owners Name: _____ D) Number of active Current Owners/Partners/Officers: _____
 E) Address: _____ City: _____ CA, Zip: _____
 F) Phone #:() _____ Fax #:() _____ Email: _____
 G) Describe your operations (tell us what you do in your own words): _____

Contractors Liability Insurance Premium Quick Indication Questionnaire
Limits of Commercial General Liability desired: \$100,000 ☐ \$300,000 ☐ \$500,00 ☐ \$1,000,000 ☐ \$2,000,000 ☐

H)	Gross Receipts Including Labor & Material & Cost of Sub	Cost of Sub Including Labor & Material	# Full Time Employees	# Part Time Employees	Payroll – Excluding Owners & Officers but Including Leased Labor
Next 12 months	\$ _____	\$ _____	_____	_____	\$ _____
Past 12 months	\$ _____	\$ _____	_____	_____	\$ _____

I) Will you use subcontractors? Yes ☐ No ☐ List the trades of subcontractors you use: _____

J) Indicate percentage of work performed (each COLUMN should equal 100%):

Remodeling _____%	Commercial _____%	California Operations _____%
Room Addition _____%	Industrial _____%	Outside California _____%
Repair & Service & TI _____%	Single Homes _____%	TOTAL 100%
New Ground Up Construction _____%	Apartments _____%	
Other _____%	Condo& Townhouses _____%	
TOTAL 100%	Other _____%	
	TOTAL 100%	

K) (IF ANY) Describe your involvement in new ground up construction operations: _____

Maximum number of new houses built in any one year? _____ Maximum number of new houses planned to be built for the next 12 months: _____

How many homes in one location? _____ Do you perform work above two stories in heights? Yes ☐ No ☐ Maximum stories _____ Maximum Hts _____ Ft

L) If work done for condo/town-home/apartment/PUD's/tract homes, is the work done for? :

Individual Unit Owner ☐ General Contractor ☐ Condo/Townhouse Association ☐ Property Manager ☐ Other-Describe: ☐ _____

M) In what capacity do you operate? Please indicate percentage (Total should equal 100%)

General Contractor _____% Subcontractor _____% Owner/Builder _____% Developer _____% Construction Management _____% Other _____% =100%

N) Have you had any losses/claims for the past 5 years? () Yes () No, If yes, amount of loss(s) \$ _____

Are you currently insured? () Yes () No

If yes, policy expiration date: ____/____/____ Insurance Carrier (not the agency): _____ How many years have you been

insured continuously: _____ Years If no prior coverage, how many years without coverage: _____