

PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOUR INSURANCE QUOTE.

1	BUSINESS NAME _____		QUOTE NEEDED BY:
	OWNERS NAME _____	YEARS OF EXPERIENCE _____	
	ADDRESS _____		
	CITY, STATE, ZIP _____	COUNTY _____	
2	PHONE NUMBER _____	FAX NUMBER _____	CELL/PAGER NUMBER _____
	3	CONTRACTORS LICENSE NUMBER OR APPLICATION FEE NUMBER _____	CLASSIFICATION A B C _____
DESCRIBE THE SCOPE OF YOUR WORK/OPERATIONS. _____ _____ _____		NUMBER OF OWNERS ACTIVE IN THE FIELD: _____	
		NUMBER OF EMPLOYEES FULL TIME: _____ PART TIME: _____	
4	PERCENTAGE OF COMMERCIAL WORK _____% (New construction _____% Remodel _____% Service/Repairs _____%)		
	PERCENTAGE OF RESIDENTIAL WORK _____% (New construction _____% Remodel _____% Service/Repairs _____%)		
	IF YOU ARE A PAINTER OR ELECTRICIAN: PERCENTAGE OF INSIDE WORK _____% PERCENTAGE OF OUTSIDE WORK _____%		
5	WHAT TRADES DO YOU SUB OUT? _____		

PERCENTAGE OF COMMERCIAL WORK _____% PERCENTAGE OF RESIDENTIAL WORK _____%			
6	YOUR FINANCIAL ESTIMATE FOR THE NEXT 12 MONTHS.		
	GROSS RECEIPTS \$ _____		SUBCONTRACTOR COSTS \$ _____
	(Include labor, materials, subcontract cost, profit, and overhead)		
FIELD PAYROLL \$ _____ (Excluding officers, owners, and clerical staff)			
7	DO YOU PLAN TO WORK ON: <input type="checkbox"/> NEW TRACT HOMES <input type="checkbox"/> CONDOS <input type="checkbox"/> APARTMENTS (Please check all that apply)		
	NUMBER OF UNITS PER PROJECT _____	PERCENT OF GROSS RECEIPTS _____	
	DO YOU DO ANY ROOFING OR ROOFING REPAIRS? <input type="checkbox"/> YES <input type="checkbox"/> NO		
8	WHAT LIMITS OF GENERAL LIABILITY ARE YOU INTERESTED IN? (Circle choice/choices)		
	\$300,000 / \$500,000	\$500,000 / \$1,000,000	\$1,000,000 / \$1,000,000
	\$1,000,000 / \$2,000,000		
Carrier with rating of: _____ Current Carrier: _____ Policy Expires: _____			

For Worker's Compensation or your Commercial Auto insurance needs, please contact us for a personalized quote.

Please fax or mail this completed form back to us so we can get started on your quote.

CALL TOLL FREE 1-888-900-9989 • Phone: (916) 361-9585 • Fax (916) 361-9821