

Contractor's Quick Quote

Applicant Name: _____

Mailing Address: _____

Location Address: _____

Phone Number: _____ Municipal Tax (if any): _____ %

Individual Partnership Corporation LLC Non-Profit Joint Venture Other _____

Business Description

Type(s) of work in which Insured specializes _____

Number of years experience in this business _____ Date Business started _____

Does Insured do new construction on Tract Housing, Condos, Apt Buildings, Townhouses? Yes No

If yes, % of overall Gross Receipts derived from this type of new construction? _____ %

Does Insured ever use synthetic stucco or EIFS? Yes No Any cranes? Yes No Any lifts? Yes No

Is scaffolding left by Insured on job-site for use by others? Yes No

Does Insured work over 3 stories? Yes No Any type of Heavy Equipment used? Yes No

Any Equipment Rented/Leased? Yes No If yes, Annual Rental cost? \$ _____

Total Receipts \$ _____ # of Owners _____ Owner Payroll \$ _____

Subcontractor Cost \$ _____ # of Employees _____ Employee Payroll \$ _____

Do Subcontractors carry coverages or limits less than the Insured? Yes No

Are Subcontractors allowed to work without providing a Certificate of Insurance? Yes No

% of Work Insured Performs: A) New Construction _____ % Remodeling _____ % = 100%

B) Commercial _____ % Residential _____ % = 100%

C) Interior _____ % Exterior _____ % = 100%

Current Carrier _____ Current Policy being canceled/non-renewed Yes No

Claims/Losses in the Prior 5 years _____

Limits Desired

General Aggregate \$ _____ Each Occurrence \$ _____

Products & Completed Operations Aggregate \$ _____ Fire Damage \$ _____

Personal & Advertising Injury \$ _____ Medical Payments \$ _____

Classification

_____ %
 _____ %
 _____ %
 _____ %
 _____ %

Agency _____ Agent _____

Phone Number _____ Fax Number _____

E-mail Address _____

*** Completed ACORD Applications and/or Company Supplements required PRIOR to binding.**