

CONTRACTOR QUOTE

PHONE NUMBER: _____

EMAIL: _____

BUSINESS NAME: _____

NEW BUSINESS: _____ WHEN DID YOU START: _____ YEARS OF EXP. IN INDUSTRY: _____

DESCRIPTION OF BUSINESS ACTIVITIES: _____

ADDRESS: _____

MAILING ADDRESS: _____

WEBSITE: _____

OWNER(S) NAME: _____

DOB: _____ FEIN AND/OR SSN: _____

CURRENT CARRIER: _____ RENEWAL DATE _____

LENGTH OF CONTINUOUS COVERAGE: _____ ANY CLAIMS?

EST GROSS RECEIPTS (INCOME BEFORE EXPENSES) FOR THE NEXT 12 MONTHS: \$ _____

RECEIPTS FROM LAST 12 MONTHS: \$ _____ 2ND YEAR PRIOR: \$ _____ 3RD YEAR PRIOR: \$ _____

WHAT % OF YOUR WORK IS: _____ RESIDENTIAL _____ NEW CONSTRUCTION (BEFORE OCCUPANCY)

_____ COMMERCIAL _____ STRUCTURAL REMODEL/ADDITIONS

_____ INDUSTRIAL _____ SERVICE/REPAIR

100% TOTAL _____ NON-STRUCTURAL REMODEL

100% TOTAL

NUMBER OF OWNERS: _____ FULL TIME EMPLOYEES: _____ PART TIME EMPLOYEES: _____

TOTAL ESTIMATED PAYROLL FOR THE NEXT 12 MONTHS (NOT INCLUDING OWNERS): \$ _____

DO YOU CARRY WORK COMP? _____ WOULD YOU LIKE A QUOTE? _____

DO YOU USE SUBCONTRACTORS? _____ WHAT WORK DO YOU CONTRACT OUT?: _____

HOW MUCH WILL YOU PAY SUBCONTRACTORS OVER THE NEXT 12 MONTHS? \$ _____

WOULD YOU LIKE \$5000 IN PERSONAL PROPERTY/SMALL TOOL COVERAGE (UP TO \$1500 per item)?

ADDITIONAL EQUIPMENT COVERAGE NEEDED?

ITEM _____ VALUE _____

ITEM _____ VALUE _____

ITEM _____ VALUE _____

DO YOU RENT EQUIPMENT THAT YOU NEED INSURANCE ON? _____ IF SO, VALUE OF EQUIPMENT: _____

***SEE COMMERCIAL QUOTE SHEET FOR BUILDING COVERAGE (IF OWNED OR LEASED) & COMMERCIAL AUTO COVERAGE