GENERAL AND ARTISAN/TRADE CONTRACTORS LIABILITY PREMIUM INDICATION QUESTIONNAIRE

Broker Name: _		Insurance Agency:					
Broker Email: _		Agency/Broker Phone Number:					
A) Limits of Liabil	ity desired: \$1MM/\$1MM/1MM	APPLICANT INI M □ \$1MM/\$2MM/\$1		1/\$2MM/\$2MN	∕I ☐ Othe	er:	
Company Name	2:		Owner(s)Name	e:			
Number of Acti	ve Current Owners/Partners/Of	ficers: Years in I	Business:		Years Expe	erience:	
Address:		City:			State:	Zip:	
Phone #:()	Website ad	dress:				
The Applicant i	s: Sole Proprietorship Co	rporation LLC	Partnership	☐ Joint V	enture	Other	
Contractor CSLB L	icense Number (s):	Classifica	tion (s):			https://www.csl	b.ca.gov/
B)	Gross Receipts Including Labor & Material & Cost of Sub	Cost of Sub Including Labor & Material	# of Own Employees Pay	ers/Officers roll/Draw	Payroll – Ex Incl	scluding Owners uding Leased La	& Officers
Next 12 months	\$	\$					
Past 12 months	\$	\$					
List the trades of s Average values of In what capacity d General Contracto Residential VS Co New Construction Any work done for Property Manager Do you perform w What is the maxin Are you involved i Maximum number	ubcontractors used (if any): projects: \$ oes the contractor operate? Please inc r% Subcontractor% Commercial Projects:% Re Vs Remodeling:% New Cor condo/townhome/apartment/PUD's Other - Describe: ork above two stories in heights? Yound depth they will go below grade in the new ground up construction? You for new houses built in any one year, in one location? Maximum in the contractors are constructed.	Maximum # of j dicate percentage: Owner/Builder% De esidential% (Construction% No /tract homes? Yes \ No Ves \ No \ Maximum num Ves \ No \ If yes, please e esidential No \ Maximum num	obs running at the veloper% C Commercial = 10 6 Remodeling = if yes, for w mum stories answer the following ber of new houses	same time? Construction Ma 00% 100% which: Individe Maximating questions:	Estimated anagement dual Unit Owner and Heights _	# of jobs per yea _% Other er	% =100% ions □ et.
D) Describe your to Location	wo largest projects, which you have Project Type		years: of Work	Start Date	End Date	Job Cost	-
List current projec Location	ts or those scheduled to commence o Project Type		of Work	Start Date	End Date	Job Cost	-
E) Any losses/claims for the past 5 years? Yes No No, If yes, amount of loss(s) \$					Currently insured Yes \[\] No \[\]		
If yes, policy expir	ration date:	Insurance	Carrier:				
How many years is	nsured continuously:	Years Y	ears without cover	rage or lapse:			
REMARKS: BROKERS SIGNA	TURE:			DA	TE:		