



Leaders in Contractors Insurance

QUOTE APPLICATION

COMPANY NAME:

COMPANY OWNERS:

PHYSICAL ADDRESS:

MAILING ADDRESS:

COMPANY PHONE:

CELL:

EMAIL:

BUSINESS OPERATIONS:

PROJECTED GROSS INCOME FOR UPCOMING POLICY PERIOD: \$

LAST YEAR: \$

PROJECTED EMPLOYEE LABOR PAYROLL FOR UPCOMING POLICY PERIOD: \$

LAST YEAR: \$

PROJECTED SUBCONTRACTOR COST (LABOR PLUS MATERIALS) FOR UPCOMING POLICY PERIOD: \$

LAST YEAR: \$

WHAT PERCENTAGE OF GROSS INCOME IS FROM NEW CONSTRUCTION: (ADDITIONS ARE CONSIDERED REMODEL) %

IF YES, ARE HOMES CUSTOM OR SPEC? YES NO DO YOU OWN RENTAL PROPERTY OR VACANT LOTS? YES NO

WHAT IS THE BREAKDOWN BETWEEN RESIDENTIAL WORK AND COMMERCIAL WORK? RESIDENTIAL % COMMERCIAL %

ANY STANDALONE FRAMING, SIDING, OR ROOFING? YES NO IF YES PLEASE EXPLAIN:

ANY TORCH DOWN/HOT TAR WORK? YES NO ANY FOUNDATION WORK? YES NO

ANY STANDALONE DOOR & WINDOW WORK? YES NO IF YES PLEASE EXPLAIN:

ANY MULTI-FAMILY RESIDENTIAL WORK? YES NO IF YES, UP TO HOW MANY UNITS? MAX. HEIGHT?

ANY HOA CONDO WORK? YES NO IF YES, IS IT NEW CONSTRUCTION OR REMODEL?

ANY LOSSES OR CLAIMS IN THE PAST 5 YEARS? YES NO IF YES, PLEASE EXPLAIN:

NAME: