

Company Name

Builder/Contractor General Liability Insurance Quote Form

You may complete this form and send it to us using our secure server by clicking on the "Submit" button below or you may fill in the information, print the form from your browser window by clicking "Print Page" button above and mail or fax the form to:



Company Name
Company Address
City, State, Zip
Tel. (555) 555-5555
Fax (555) 555-5555
www.domain.com

* Denotes Required Field

General Information

*Business Name:

*Contact Name:

Position:

*Address:

*City:

*State:

*Zip Code:

*Business Phone:

*Fax:

Ex. 920-111-2222

Business Status:

Other:

Best Time to Call:

Business Tax ID Number:

*E-Mail Address:

*Confirm E-Mail Address:

*Location Address:

(type "same" if same as above)

City:

State:

Zip Code:

Current Insurance Information

Company Name *(not agency)*:

Policy Number:

Effective Date:

Ex. 01/12/2007

Policy Expiration Date:

Ex. 01/12/2007

Premium Amount \$:

Term:

6 Months

1 Year

Other:

Please list any other previous carriers over the past 3 years below:

Carrier Name:

Premium: \$

Carrier Name:

Premium: \$

Project/Work Information

Please write a description of operations below:

The sums of the percentage on each of the first 3 lines must total 100%

What percentage of your work is:	Commercial:	%	Industrial	%	Residential	%
What percentage of your work is:	New Construction:		%	Remodeling/Additions		%
What percentage of your work is as a:	General Contractor:		%	Subcontractor:		%
What percentage of your work is:	Subcontracted Out:		%	Subcontracting Cost (\$):		

Do you collect certificates of insurance at a \$1,000,000 limit?:

Receipts/Payroll/Dollar Value Information

Gross receipts for the past 3 years and the next 12 months:	(3 rd year prior) \$ (Last 12 months) \$	(2 nd year prior) \$ (Next 12 months) \$
# of owners/officers/partners active or supervising at the job site:		
Payroll of employees excluding owners, officers, partners, and clerical:	\$	
Dollar value of average job completed, including all materials, labor, and equipment:	\$	

Please describe any project(s) underway or planned for the next year, including values, below:

Miscellaneous and Legal Information

Have you ever performed ground-up construction involving condominiums, townhouses, apartments, or single-family tract developments of two (2) or more?:

Have you ever been named in litigation regarding faulty construction?:

Are there any claims or legal actions pending against you at this time?:

Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition, or damages to any person or property that may potentially give rise to any future claims or legal actions against any such entity?:

Claims History

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #1

Claim Status:

Date of Occurrence: Ex. 01/15/2007

Date of Claim: Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #2

Claim Status:

Date of Occurrence: Ex. 01/15/2007

Date of Claim: Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

THIS INFORMATION IS KEPT STRICTLY CONFIDENTIAL

Please enter all claims or occurrences that may give rise to claims for the past 3 years below:

Claim #3

Claim Status:

Date of Occurrence: Ex. 01/15/2007

Date of Claim: Ex. 01/15/2007

Please enter the type and/or description of the occurrence or claim below:

Amount Paid on Your Behalf: \$

Amount Reserved on Your Behalf: \$

Additional Comments

Please provide any additional comments that you feel would be appropriate for this quotation. If you have additional information to provide, where there were not enough fields above, please enter it here:

***Acknowledgement and Consent**

I hereby certify that the above information is complete and accurate to the best of my knowledge. The agency receiving this application will retain the application whether or not a policy is issued. The agency may rely on this application when determining the quotation and when deciding whether to issue a policy. False statements may subject me to criminal penalties.

If a policy is issued, I authorize the agency to give information about me to its affiliates. **Yes** **No**

***Enter Your Initials Here:**

***Today's Date:**

EX: 01/12/2007

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