

<b>LINES OF COVERAGE YOU WANT QUOTED</b>		<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> WORKER' COMPENSATION <input type="checkbox"/> COMMERCIAL AUTO		<input type="checkbox"/> PROPERTY & CONTRATORS' EQUIPMENT <input type="checkbox"/> CONTRACTOR LICENSE BOND (WILL RUN CREDIT CHECK) <input type="checkbox"/> UMBRELLA LIABILITY	
<b>SECTION I - GENERAL INFORMATION</b> (THIS SECTION IS ALL THAT'S REQUIRED FOR LICENSE BOND QUOTE)					
<b>COMPANY</b>					
<b>CONTACT PERSON</b>					
<b>MAIL STREET ADDRESS</b>					
<b>CITY, STATE, ZIP CODE</b>					
<b>FEDERAL EMPLOYER ID #</b>				<b>CONTRACTORS' LICENSE #</b>	
<b>RESPONSIBLE MANAGING OFFICER (RMO)</b>				<b>(RMO) SOCIAL SECURITY # (ONLY IF APPLYING FOR BOND)</b>	
<b>TELEPHONE</b>				<b>EMAIL ADDRESS</b>	
<b>LOCATION (STREET, CITY, ST, ZIP)</b>		<input type="checkbox"/> CHECK IF SAME AS MAILING <input type="checkbox"/> CHECK IF HOME-BASED BUSINESS			<input type="checkbox"/> OWN <input type="checkbox"/> LEASE
<b>INSURANCE HISTORY</b>		<b>LIABILITY</b>	<b>PROPERTY &amp; EQUIPMENT</b>	<b>WORK COMP</b>	<b>BUSINESS AUTO</b>
<b>CURRENT INSURANCE</b>	<b>INSURER</b>				
	<b>POLICY #</b>				
	<b># CLAIMS IN 5 YEARS</b>				
	<b># OF YEARS INSURED</b>				
<b>DO YOU HAVE AN UMBRELLA LIABILITY POLICY</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" WHAT LIMIT: \$			
<b>SECTION II - GENERAL &amp; UMBRELLA LIABILITY</b> (IF MORE THAN 5 CLASSIFICATIONS PLEASE COPY PAGE TO INCLUDE)					
<b>DO YOU DO NEW RESIDENTIAL CONSTRUCTION</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO (NEW = WORK DONE PRIOR TO CERTIFICATE OF OCCUPANCY)			
<b>HAVE YOU REVIEWED LIABILITY ELIGIBILITY GUIDELINES</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO (RESPOND YES TO CONFIRM YOU MEET ELIGIBILITY GUIDELINES)			
<b>GENERAL LIABILITY CLASSIFICATION (SELECT FROM LIST OF ELIGBLE CLASSES)</b>			<b># OWNERS ACTIVE IN FIELD</b>	<b># FULL TIME EMPLOYEES</b>	<b># PART TIME EMPLOYEES</b>
<b>ANNUAL GROSS RECEIPTS</b>		\$	<b>ANNUAL SUBCONTRACTING COST</b>		\$
<b>SECTION III - WORKERS' COMP</b> (IF MORE THAN 5 CLASSIFICATIONS PLEASE COPY PAGE TO INCLUDE)					
<b>HAVE YOU REVIEWED WORK COMP ELIGIBILITY GUIDELINES</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO (RESPOND YES TO CONFIRM YOU MEET ELIGIBILITY GUIDELINES)			
<b>WORKERS' COMPENSATION CLASSIFICATIONS (SELECT FROM LIST OF ELIGBLE CLASSES)</b>			<b># FULL TIME EMPLOYEES</b>	<b># PART TIME EMPLOYEES</b>	<b>ANNUAL EMPLOYEE ONLY PAYROLL</b>
					\$
					\$
					\$
					\$
					\$
					\$
<b>ANY OWNERS INCLUDED IN WORKERS COMP</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" PROVIDE NAMES AND ANNUAL COMPENSATION. DO NOT INCLUDE IN PAYROLL ABOVE.			

**SECTION IV - PROPERTY & CONTRACTORS' EQUIPMENT COVERAGE**

**HAVE YOU REVIEWED  
PROPERTY & EQUIPMENT  
ELIGIBILITY GUIDELINES**

YES  NO (RESPOND YES TO CONFIRM YOU MEET ELIGIBILITY GUIDELINES)

VALUE OF CONTENTS OF OFFICE & SHOP (EXCLUDING BELOW ITEMS)	\$
VALUE OF COMPUTER HARDWARE	\$
VALUE OF COMPUTER SOFTWARE	\$
VALUE OF MISCELLANEOUS TOOLS (ITEMS VALUED AT LESS THAN \$1,500 AND TRAVEL WITH EMPLOYEES)	\$
MAXIMUM VALUE OF A SINGLE JOB OR INSTALLATION	\$
VALUE OF RENTED CONTRACTORS EQUIPMENT & TOOLS	\$

SCHEDULED EQUIPMENT VALUES (ITEMS VALUED AT MORE THAN \$1,500 PER ITEM THAT TRAVEL TO JOBSITES. LIFTS, GENERATORS, ETC.)

MODEL YEAR	MANUFACTURER	MODEL	SERIAL NUMBER	VALUE

**SECTION V - AUTO COVERAGE** (IF MORE THAN 7 VEHICLES OR DRIVERS PLEASE COPY PAGE TO INCLUDE)

**HAVE YOU REVIEWED AUTO  
ELIGIBILITY GUIDELINES**

YES  NO (RESPOND YES TO CONFIRM YOU MEET ELIGIBILITY GUIDELINES)

VEHICLE ID NUMBER (ALL 17 CHARACTERS PLEASE)	BODY STYLE (PICKUP, DUMPTRUCK, SUV, ETC)	GARAGING ZIP CODE	EMPLOYEE PERSONAL USE ALLOWED	PHYSICAL DAMAGE DEDUCTIBLES
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
			<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
DRIVER NAME	DATE OF BIRTH	MARITAL STATUS	# MINOR VIOLATIONS PAST 3 YEARS	# MAJOR VIOLATIONS PAST 5 YEARS

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