



Phone: 818-264-0300 ext. 201 Fax: 818-264-0699

Broker: Julie Karubian

Contractors Insurance Application (All items in bold must be completed)

Date: _____ Proposed Effective Date: _____

Name of Business: _____

Mailing Address: _____

Owner Name: _____

Contact Name: _____

Phone: _____ Fax: _____ Other: _____

Location address(es) (if different from mailing address above): _____

1. Contractor's License # _____

2. Years in Business: _____

3. Years Experience: _____

4. Type of Ownership:

Corporation Partnership or Joint Venture Sole Proprietorship (Individual)
 Limited Liability Corporation Other

5. Desired Limits: (Each Occurrence/General Aggregate) (other limits may be available upon request)

6. Describe the business operations FULLY _____

7. Total Annual Gross Receipts/Revenues?

Current year (estimated) \$ _____ Previous year \$ _____

8. Number of Active Owners _____ Subcontractor Costs _____

9. Number of Employees-PT/FT _____ Payroll \$ _____ (NO CLERICAL)

10. List of subcontracted trades: _____

Must Equal 100%: Residential _____ Commercial _____ Industrial _____

Must Equal 100%: Remodel _____ Repairs _____ New Construction _____

Must Equal 100%: Interior _____ Exterior _____

11. Prior Carrier: _____

12. Policy # _____

13. Expiration Date: _____

14. Annual Premium: _____

15. Bankruptcy: ___ Yes ___ No If Yes, What Yr.? _____ Was it Discharged? ___ Yes ___ No

16. Claims past 5 years): _____

16. Will this policy need to cover any Additional Insured's? ___ Yes ___ No

Is a CG2010 11/85 required? Y / N Is primary wording needed? Y / N

Is a waiver of subrogation needed? Y / N

SIGNATURE _____