



DRISCOLL

Contractors Quick Quote

Send Completed Quote Form to:
 (562) 252-8711 or kerry@driscollinsured.com
 or complete at www.driscollinsured.com/contractors

BUSINESS PROFILE

Contact Name: _____ Coverage/Quote Needed by: _____
 Legal Business Name: _____ DBA: _____
 Mailing Address: _____
 Physical Address: _____ Sq footage: _____
 Web Site: _____ Lic. #: _____ TAX ID: _____
 Years In Business: _____ Years Experience: _____ Years Insured: _____

OPERATIONS PROFILE

Fully Describe ALL Your Operations:

Describe Work You Will Subcontract:

ESTIMATES FOR NEXT 12 MONTHS

Number of Active Owners: _____ Full-time Employees: _____ Part-time Employees: _____

Payroll of Field Employees (not including owners, clerical or sales)	Gross Sales	Subcontractor Cost	Casual Labor or Leased Employees Costs
\$ _____	\$ _____	\$ _____	\$ _____

Classification: Please list CLASS CODES & PERCENT of work performed by your employees if applicable.

CLASS CODE	PERCENT	CLASS CODE	PERCENT	CLASS CODE	PERCENT
_____	_____ %	_____	_____ %	_____	_____ %

of Scheduled Additional Insureds expected: _____ Do/Will you ever work for Cities? Yes No

WORK PERFORMED – TOTALS MUST EQUAL 100%

% OF OPERATIONS AS

General Contractor _____% Sub-contractor _____% Artisan _____% Other _____% 100%

% OF WORK PERFORMED

Commercial _____%	* New Construction _____%	Inside Work _____%
Residential _____%	Structural Remodel _____%	Outside Work _____%
Industrial _____%	Non-Structural Remodel _____%	100%
Institutional _____%	Repair / Service _____%	100%

Outside Work maximum height: _____ Maximum depth: _____ # of Jobs / Yr: _____

*Fully Describe Any NEW RESIDENTIAL Construction the last 10 years: _____

Have you or will you do any work on condos, townhomes, apartments or tracts **except** for repairing or remodeling of not more than one unit? Yes No

If yes, please explain: _____

3 LARGEST CURRENT/PLANNED JOBS

Date	Description of Work	Gross Receipts

3 LARGEST PAST JOBS

Date	Description of Work	Gross Receipts

RISK TRANSFER PRACTICES – ONLY IF YOU USE SUBS

- Do you require a hold harmless/indemnification agreement in your favor from all subs? Yes No
- Are Certificates of Insurance required from all Subcontractors? Yes No
- What General Liability Limits do you require on subcontractor’s policy \$ _____
- Do your Subs name you as an Additional Insured? Yes No
- Do you require your subs to provide AI’s to you including Completed Operations Coverage? Yes No

CURRENT INSURANCE INFORMATION

Any Losses/Claims in the last 5 years? Yes No (If yes, please provide Date, Amount Paid & Description of each Loss/Claim)

Do any persons or entities named in the application:

- Have knowledge of any existing problem, construction defect or dispute on one of your jobs that may potentially give rise to any future claim or legal action against such person or entity? Yes No
- Has prior insurance coverage cancelled for any reason the past 3 years? Yes No
- Do you have current Loss History available? Yes No
- Current Insurance Company: _____ Current Premium: _____

INSURANCE COVERAGE REQUESTED

General Liability: \$1,000,000 \$2,000,000 Other \$ _____ Deductible (per claim): _____

I AM ALSO INTERESTED IN (Select all that apply)

- Workers Compensation Business Auto Business Property Tools and Equipment
- Health Insurance Life/Disability Insurance Loss of Income

HOW SHOULD WE CONTACT YOU?

Phone: _____ Fax: _____ E-Mail: _____

How did you hear about us? _____