

# ALTAMONT INSURANCE BROKERS, INC. Lic. # OC15034

800-863-6395 209-835-6395

FAX 209-835-7395

## CONTRACTORS LIABILITY INSURANCE QUESTIONNAIRE

Business Name: \_\_\_\_\_

Person to Contact: \_\_\_\_\_ Contractors license or application fee # \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_\_) \_\_\_\_\_

How many years experience, if newly licensed: \_\_\_\_\_

Type of work being done, i.e. cement / roofing/ landscaping/ remodeling/ ground up, etc.

\_\_\_\_\_

Any claims made, and if yes when: \_\_\_\_\_

Current Insurance Company name: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How much are you currently paying: \_\_\_\_\_ Current Liability Limits: \_\_\_\_\_

### Please estimate for the next one-year policy period:

(1) Gross receipts: \_\_\_\_\_ (2) Payroll not including owner/s or sales and office staff: \_\_\_\_\_

Cost of subcontracted work to others including labor and material, included in above gross receipts: \_\_\_\_\_

Number of employees (Not Including Sales or Office Staff Personal): Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Number of owners: \_\_\_\_\_

### Do you perform any of the following:

Residential New % \_\_\_\_\_ Remodel % \_\_\_\_\_ Commercial New % \_\_\_\_\_ Remodel % \_\_\_\_\_

(1) Roofing Yes \_\_\_\_\_ No \_\_\_\_\_

(2) Sub out Roofing Yes \_\_\_\_\_ No \_\_\_\_\_

(3) Track homes new construction: Yes \_\_\_\_\_ No \_\_\_\_\_

(4) Condos new construction: Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Apartments new construction: Yes \_\_\_\_\_ No \_\_\_\_\_

(5) Repair/Remodel Condos or Apartments: Yes \_\_\_\_\_ No \_\_\_\_\_

### Liability limits desired:

\_\_\_\_\_ \$ 100,000.00 CSL      \_\_\_\_\_ \$ 300,000.00 CSL      \_\_\_\_\_ \$ 500,000.00 CSL  
\_\_\_\_\_ \$ 500,000.00 Occ. / \$ 1,000,000.00 Agg.      \_\_\_\_\_ \$ 1,000,000.00 CSL  
\_\_\_\_\_ \$ 1,000,000.00 Occ. / \$ 2000,000.00 Agg.