

GET LICENSED BONDED INSURED.COM

By: American Contractor Licensing Services, Inc. & American Contractor Insurance and Bonds, Inc.

Effective Date

GENERAL LIABILITY INSURANCE

First Name

Last Name

Company Name

DBA (if applicable)

Mailing Address

City

State

Zip

Physical Address

City

State

Zip

Phone

Fax

Email

EIN

Entity Type

Corporation

LLC

Sole Proprietor

Partnership

Description of
Operations

Percentage of Work Performed
(should equal 100%)

Residential %

Commercial %

Percentage of Work Performed
(should equal 100%)

New %

Remodel/
Repair %

Do you perform
work on tract
homes?

Yes

No

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Describe largest job
in last 3 years:

Cost of Job

Describe next
planned job:

Cost of Job

of Losses Last 5
Years

Years in
Business

Years
of Exp.

Estimated Gross
Receipts

Estimated
Subcontractor
Costs

Estimated Payroll

Last Years Gross
Receipts

Last Year
Subcontractor
Costs

Last Year
Payroll

Home many
projects did you
start last year?

How many projects
did you complete
last year?

of Employees

Have employees?

Yes
No

ROC#

Any claims or
pending claims

Yes
No

Do you know of any circumstances
that may lead to a claim?

Yes
No

Any hazardous
work?

Yes
No

How do you plan to pay for this policy?

Monthly Payments
Pay in Full

Print Name

Date

Signature

Please return this form to deisy@getlicensedbondedinsured.com. To follow up on this quote you may contact us at (602) 242-2222. THANK YOU!!!