



# Contractors Insurance Quest Request Form

### Insured Information

Named Insured: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ License #: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

### Description of Business

Description of Operations: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Entity Type (IE Corp/Sale Prop/LLC: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Years' Experience: \_\_\_\_\_ FT Empl: \_\_\_\_\_ PT Empl: \_\_\_\_\_ Owner Payroll: \_\_\_\_\_

Annual Sales: \_\_\_\_\_ Employees Payrolls: \_\_\_\_\_

Largest project: \_\_\_\_\_

% for New Construction work \_\_\_\_\_ %Remodel/Repair/Service \_\_\_\_\_ Residential/Commercial% \_\_\_\_\_

### Coverages Information

General Liability Limit: \$1,000,000/\$2,000,000 \_\_\_\_\_ Percentage of Work Sub-out: \_\_\_\_\_

Have you had any claims in the last 3 years \_\_\_\_\_ Do you need any bond? \_\_\_\_\_ Type of bond: \_\_\_\_\_

### Auto Information (Optional)

#### Vehicles description

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN#: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ VIN#: \_\_\_\_\_

#### Drivers information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ License #: \_\_\_\_\_ State: \_\_\_\_\_