



7200 Corporate Center Drive, Suite 316 – Miami, FL 33126
877-463.9431 – Fax 305.629.7809 – Email: gmail@allcityins.com

Contractor General Liability Quote Request Questionnaire

Applicant Information

Applicant Legal Name: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Type of Entity: Individual Corporation "S" Corporation Partnership LLC

Year Business was Established: _____ Years Experience in this trade: _____ No. Employees: F/T: ___ P/T: ___

Description of Operations/Specialties: _____

Any losses in the past 5 years: Yes No; If Yes, Explain: _____

Business Information

Total Payroll: \$ _____ Enter Percentage of Work for the Following: Residential: ___% Commercial: ___%

Percentage of Work Subcontracted: ___% Total Cost of Work Subcontracted to Others: \$ _____

Total Annual Sales/Receipts: \$ _____

Indicate the classification and the total payroll involved. Example: Carpentry \$50,000

Classification (work performed/Specialty)	Payroll involved in this Classification

Does applicant draw plans, designs or specifications? Yes No

Do any operations include blasting or utilize or store explosive material? Yes No

Do any operations include excavation, tunneling, underground work or earth moving? Yes No

Do your subcontractors carry coverages or limits less than yours? Yes No

Are subcontractors allowed to work without providing you with a Certificate of Insurance? Yes No

Does applicant lease equipment to others with or without operators? Yes No

Coverage Requested

Limits of Liability (per occurrence/general aggregate): 300,000 500,000 1,000,000 1,000,000/2,000,000

Umbrella Limits: 1,000,000 2,000,000 3,000,000 4,000,000 5,000,000 10,000,000

Other Coverages Available: Commercial Auto (fax copy of all vehicle registration and list of drivers with DL numbers)

Commercial Property – additional information required

Contractors Equipment – additional information required

This is not an application for insurance, this is only a quote request. Coverage cannot be bound using this form

FAX THIS FORM TO 305.463.9431 or EMAIL IT TO: gmail@allcityins.com