

COMMERCIAL GENERAL LIABILITY QUOTE INDICATION

Business Name(s)			Contact Name
Owner(s)			Business #
Mailing Address	Street	Cell #	
	City	State	Zip
	County	Email	

Individual Partnership Corp LLC Joint Vent. Other

Proposed Effective Date	
84 Sales Rep	84 Store Location
Date Business Started	Years Experience (In Trade)
Contractor's License State(s)	Contractor's License Number(s)
Home Builders Association Member?	Name
FEIN or SSN	

Enter YES or NO

Do you anticipate building townhouses or condominiums in the coming year?

Do you have any other subsidiaries or entities?

Has coverage been declined or non-renewed in the last 3 years?

Has applicant had any bankruptcies or tax liens in the past 5 years?

Do you provide a homebuyer warranty? If YES, which one? _____

Current Insurance Carrier (Not Agent) _____			
Current Liability Limits:	\$500,000 <input type="checkbox"/>	\$1 Million <input type="checkbox"/>	\$2 Million <input type="checkbox"/> Other <input type="checkbox"/>
Current Deductible:	\$1000 <input type="checkbox"/>	\$2500 <input type="checkbox"/>	\$5000 <input type="checkbox"/> Other <input type="checkbox"/>
Have you had any claims or lawsuits in the last 5 years? <input type="checkbox"/>			
Do you carry Workers Compensation for employees?	<input type="checkbox"/>	Carrier (Not Agent)	_____
Any Autos Owned in Business Name?	<input type="checkbox"/> # <input type="checkbox"/>	Carrier (Not Agent)	_____

Do you use ALL Insured Sub-Contractors?

Do you have a Sub-Contractor Agreement? If Yes, attach a copy

Does this agreement include Hold Harmless wording?

Please complete the following chart for rating exposures for the Upcoming Policy Period.

Number of Active Owners	
Number of Employees (Excluding Owners) -- Full Time	Part Time
Employee Payroll (Non-Clerical) -- \$	
Gross Receipts -- \$	
Sub-Contracting Costs -- Insured \$	Un-Insured \$
Estimated Number of Projects/Homes -- Started	Completed
Model Homes -- # of Units	
Real Estate Development -- # of Acres	
Vacant Land -- # of Acres	
Comments:	

% of Work Performed by Your Business:	RESIDENTIAL %	_____	COMMERCIAL %	_____
	GENERAL CONTRACTOR %	_____	SUBCONTRACTOR %	_____
	NEW CONSTRUCTION %	_____	REMODEL/REPAIR %	_____
Kaleena Chiprich 800-664-1984 x2108 chiprichk@maggiesusa.com FAX 866-407-6715	Steve Douglas 800-664-1984 x2165 douglass@maggiesusa.com FAX 877-297-5439	Brenda Sturm 800-664-1984 x2107 sturmb@maggiesusa.com FAX 866-320-0176		