



QUICK INDICATION FORM

3 Easy steps

1-Complete information below

2-Fax or email back to:

Fax:

3-Receive indication

Broker Name and Agency: _____ **Date:** _____

e-mail: _____ **Fax:** _____ **Phone:** _____

1. **Applicant Name/DBA:** _____

2. **Zip Code:** _____ **State:** _____

3. **Contractors License Type and #:** _____

4. **New Venture:** Yes/No **Years in Business:** _____ **Years Insured:** _____

5. **Lapse of coverage?** Yes/No **How many days/months lapsed since last policy:** _____

6. **Any losses in the last year?** Yes/No, **past 2 years?** Yes/No, **past 3 years?** Yes/No

Number of losses/please explain loss(es) and total paid out:

7. **Policy Effective date:** _____ **Current Carrier:** _____ **Premium:** _____

8. **Target Premium:** _____

9. **Operations:** _____

10. **Limits of Liability desired:** ___ \$300K/\$300K ___ \$500K/\$500K/\$500K ___ \$1MM/\$1MM/\$1MM
 ___ \$1MM/\$2MM/\$1MM ___ \$1MM/\$2MM/\$2MM ___ \$2M/\$2M/\$2M

11. **Deductible (per claim)** ___ \$1,000 ___ \$1,500 ___ \$2,500 ___ \$5,000

12. **# of Active owners in the field:** ___ **# of Field Employees:** ___ **Payroll of field employees:** _____

13. **Total Gross Receipts:** \$ _____ **Total Subcontract costs:** \$ _____

Uninsured Subcontract Cost: \$ _____

14. **Any multi unit construction (condominiums/townhomes/tract/apartments?)**

15. **Type of work: The total must sum 100%**

New Ground up construction: _____ **Remodel/Room Additions:** _____

Service/Repair: _____ **Structural Work? Yes/No**

16. **Field of work: The total must sum 100%**

Commercial: _____ **Residential:** _____

Industrial: _____

17. **Class code(s) or classification and percent of work (%):**

Class code 1: _____ **&** _____ **Class code 2:** _____ **%** _____ **Class code 3:** _____ **%** _____

18. **Sunset options:** ___ 2 years ___ 3 years ___ 4 years ___ No sunset