

S.J.P. Insurance Services

Toll free (800) 479-5877 FAX (805) 308-0764
sjpinsuranceservices.com

Contractors Questionnaire

Fill up Coverage you are interested in and e-mail to info@sjpinsuranceservices.com for a Free Quote

Name of Business _____
 Contact _____
 Email _____
 Phone _____ Fax: _____
 Address : _____
 License Number: _____ Years in Business: _____
 FEIN # _____
 Type of Business: Corporation Sole Partnership

General Liability

Current Carrier: _____
 Renewal Date: _____ Premium: _____
 Gross Receipts: _____ Payroll: _____ Subs: _____
 Any Claims in the past 5 years: _____
 Description of work: _____
 Amount of Coverage Each Occurrence: \$ _____ Aggregate: \$ _____
 Remodeling% _____ New Construction % _____ Tenant Improvement % _____
 Commercial% _____ Residential% _____ Condos% _____ Apartments% _____

Workers Compensation

Current Carrier: _____
 Renewal Date: _____ Premium: _____

Attach a page if necessary

Class Code	#Employees		Categories, Duties, Classifications	Estimated Annual Payroll	Estimated Annual Manual Premium
	Full ↓	Part Time ↓			

Individuals Included/Excluded:

Name	Title/relationship	Owner ship%	Duties	INC/EXC	Class code	Remunerati on/Payroll

Commercial Auto

Current Carrier: _____
 Renewal Date: _____ Premium: _____

Vehicle Information (attach a page if necessary)

Year	Description	VIN Number	Annual Mileage	Stated Value

Driver(s) Information (attach a page if necessary)

Driver Name	DOB	Points	Driver License#	Class

MCP Filing Yes No

Excess Liability:

Current Carrier: _____ Renewal Date: _____
Premium: _____ Deductible: _____
Limits: _____

Please attached Declaration pages for every policy that you would like as Underlying Insurance.

Property Coverage:

Current Carrier: _____
Renewal Date: _____ Premium: _____
Building Coverage: _____ Business Personal Property Coverage: _____
All Risk: _____ Replacement Cost: _____

Inland Marine:

Current Carrier: _____
Renewal Date: _____ Premium: _____
Equipment Floater: _____ ADP Floater: _____
Installation Floater: _____

Pollution:

Current Carrier: _____ Renewal Date: _____
Premium: _____ Deductible: _____
Limits: _____