



ADVANTAGE SERVICE INSURANCE

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Erie, CO 80516
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Contractors New and Renewal Questionnaire

Please fill out all questions to the best of your ability and return via email or fax as soon as possible for accurate rate.

General Information

Name of Application _____

Business Name/DBA _____

(please indicate if the name of the business has changed)

Type of Entity: Sole Proprietor/LLC/LLP/S-Corp/C-Corp

Physical Address: _____

Mailing Address (if different): _____

Phone Cell _____ Phone Business/home _____

Email _____

Number of Owners _____

Owners Annual Payroll(s) list each _____

Part Time Employees ____ Total Payroll for Part time Employees \$ _____

Full Time Employees ____ Total Payroll for Full Time Employees \$ _____

Total Subcontractors Annual Costs \$ _____

Classification, List work done and percent of total for 100%

Example:

Interior Trim 75%

Interior Painting 25%

Classification description	Percent
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Business Operations

Structure Type total equals 100%

Residential _____

Industrial _____

Commercial _____

Construction Type total equals 100%

New Construction _____

Structural remodel/Additions _____

Service and Repair _____

Non-Structural Remodel _____

Location equals 100%

Interior _____

Exterior _____

Business Information

Number years in Business _____

Total Years Construction Experience _____

Annual Gross Receipts _____

(total volume of dollars through business)

Currently Insured? Yes/No

If yes with whom? _____ Expiration date _____

(please provide Cert)

Any Losses/claims? Describe _____

Gross Receipts for next 12 months and last 3 years _____

Next 12 months _____

Last 12 months _____

2nd Prior Year _____

3rd Prior Year _____

List Largest Current Job

Describe _____

Total Cost _____

Largest Job in Past 3 years

Describe _____

Total Cost _____

If this is a renewal, has there been any changes in operations from the previous policy period? Yes/No

If Yes, please describe _____

Do you have a contractor's License? _____

If so, what for and issued by whom? _____

Do you require Equipment/Tools Coverage? If so please fill out the following:

Miscellaneous Tools (\$1500 in value and Under) _____

Scheduled Equipment (\$1500 in value and above) Please provide value and short description of Equipment:

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

7) _____

8) _____

Name of individual signing form

Signed

Date