

Brokerage **Huckaby Insurance Services**

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General Liability

**Quote
Application**

INSTRUCTIONS

If a question is not applicable mark it NA or put a line through it but do not leave it blank. If there is insufficient space for any answer please use a separate sheet of paper. If you have any questions regarding completing this applicaiton please us call toll free at phone number above. **Information provided in this application will be HELD IN CONFIDENCE and shared only with Insurance providers from which we seek quotes.**

APPLICANT INFORMATION

Bus ph# _____ Bus Fax # _____

Cell ph# _____ Email Add _____

Mailing Address _____ State _____ Zip Code _____

Business Address _____ State _____ Zip Code _____

Website Address _____ FEIN number _____

Contact Person _____ Title _____

List named Insured/s – DBA- Business is a: Corporation ___ Partnership ___ Sole Proprietorship ___ Joint Venture ___ Other ___

Business License number if any _____ Years in Business _____ Years of Experience _____

Prior Insurance

Name of current Insurance Carrier _____ Expiring premium- \$ _____

Policy Limits- \$ _____ Deductible amount- \$ _____

Policy Form - Occurrence: _____ Claims made _____ *(if claims made policy form provide)* retro date _____

COVERAGE LIMITS

(Indicate limits wanted)

General Liability (G/L)

Higher Limits Options

Per Occurrence / Aggregate / Completed Operations

_____	\$300,000	/	\$300,000	/	\$300,000
_____	\$500,000	/	\$500,000	/	\$500,000
_____	\$1,000,000	/	\$1,000,000	/	\$1,000,000
_____	\$1,000,000	/	\$2,000,000	/	\$1,000,000
_____	\$2,000,000	/	\$4,000,000	/	\$4,000,000

Enter Excess G/L limit desired \$ _____

Enter Umberlla Limit desired \$ _____

Excess G/L increases coverage limits of General Liability limits only
Umberlla coverage increases all liability limits GL/ Vehicle/ property etc

GL Deductible

___ \$1,000 ___ \$2,500 ___ \$5,000 ___ \$10,000

Other \$ _____

OPERATIONS

Describe all operations - _____

Indicate Direct Payroll, Subcontract Costs and Gross Receipts

What percentage of annual receipts are (a) Performed by you: %
 (b) Performed by Lic./ Ins'd subs on your behalf: %
 Total: _____ 100 %

	Direct Payroll	Subcontract Costs	Gross Receipts
Next 12 Months Estimate	\$	\$	\$
Current Year Estimate	\$	\$	\$
1 st Prior Year	\$	\$	\$
2 nd Prior Year	\$	\$	\$
3 rd Prior Year	\$	\$	\$

Number of full time employees _____ Number of part time employees _____ Number of sub-contractors _____

OPERATIONS - Continued *(Explain all yes responses in Remarks at end of section)*

- 1) Any operations sold, acquired or discontinued in last 5 years?
 Yes ___ No ___
- 2) Have you been active in or are you currently active in joint ventures?
 Yes ___ No ___
- 3) Do you draw plans, Design, or specifications for other?
 Yes ___ No ___
- 4) Do any operations include blasting or utilize or store explosive material?
 Yes ___ No ___
- 5) Do any operations include excavation, tunneling underground or earth moving?
 Yes ___ NO ___
- 6) Do your sub-contractors carry coverage or limits less than yours?
 Yes ___ No ___

GENERAL INFORMATION - Continued

- 7) Are sub-contractors allowed to work without providing you with a certificate of insurance?
Yes ___ No ___
- 8) Do / have past, present or discontinued operations involve(d) handling, storing, treating, discharging, applying, disposing of, or transporting of hazardous materials? (e.g. landfill, wates, radioactive materials, fuel tanks, etc.)
Yes ___ No ___
- 9) Any Demolition exposure contemplated?
Yes ___ No ___
- 10) Do you offer written guarantees, warranties, hold harmless agreements? (If yes, attach to this application when submitted)
Yes ___ No ___
- 11) Do you use any literature, brochures, labels, warning labels, etc.?
Yes ___ No ___
- 12) Do you install, service or demonstrate products? (other than part of construction projects)
Yes ___ No ___
- 13) Are foreign products sold, distributed, used as components? (other than part of construction projects)
Yes ___ No ___
- 14) Any products related to Aircraft, Space, industry?
Yes ___ No ___
- 15) Use products recalled, discontinued, changed?
Yes ___ No ___
- 16) Product of others sold or repackaged under your label? (This does not include building materials)
Yes ___ No ___
- 17) Do you require vender coverage?
Yes ___ No ___
- 18) Machinery or equipment loaded or rented to others?
Yes ___ No ___
- 19) Is there a labor interchange with any other business or subsidiaries?
yes ___ No ___

REMARKS

GENERAL INFORMATION - Continued

LIST LOSSES FOR LAST 3 YEARS

Indicate other coverage/s you need/want.

Number of Additional Insured Certificates you will need: _____

Building coverage: Value of Building \$ _____ Insurance amount \$ _____

Business Equipment: Value \$ _____

Inventory: Value \$ _____

Commercial Vehicles: Number of Vehicles? _____, Expiration date of current policy? _____

Signature **X** _____ Date _____

Send completed forms to Email Address Info@huckabyins.com

Fax to: 408-249-7446 local Fax toll free to: 888-266-0067