

Brokerage **Huckaby Insurance Services**

Lic. # 04401234

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Specialty Artisan
Contractors

**Quote ONLY
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. Fax or email completed quote application to fax number or email address above. If you have any questions you may call toll free 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: Sole Proprietorship _____ Corporation _____ Partnership _____

License number(s) / type(s): _____, _____,

Years in Business _____ Years of Experience _____ *(Must have 3 years Experience to qualify for this program)*

Prior Insurance

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

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

COVERAGE LIMITS (Indicate coverage desired)

General Liability (G/L)

Higher Limits Options

Per Occurrence / Aggregate / Completed Operations

_____ \$100,000 / \$100,000 / \$100,000

_____ \$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

Enter Excess G/L limit desired \$ _____

Enter Umbrella Limit desired \$ _____

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

**GL Deductible
\$1,000**

OPERATIONS- *Describe all operations, include a description of the most recently completed project*

OPERATIONS - Continued

- 1) Is your business a subsidiary of another entity or do you have any subsidiaries?
Yes ___ No ___
- 2) Any exposure to flammables, explosives, chemicals?
Yes ___ No ___
- 3) Does your business or you draw plans, designs, specifications?
Yes ___ No ___
- 4) Do you lease equipment with / without operators?
Yes ___ No ___
- 5) Any policy or coverage Declined , cancelled or non-renewed during the prior 5 years? *(If yes, please explain in remarks)*
Yes ___ NO ___
- 6) Do you Hold a General Contractors or Builders License? *(if yes, you do not qualify for this program.)* [Download Small to Medium General Contractors G/L Quote Application](#)
Yes ___ No ___
- 7) Do you ever act in the capacity of a General Contractor or Builder? *(If yes, see question 6)*
Yes ___ No ___
- 8) Do you ever do any exterior work on buildings over 3 stories in height?
Yes ___ No ___
- 9) Do you manufacture or sell products uner this name?
Yes ___ No ___
- 10) Do you perform work on boats or ships or engage in boating or shipping operations?
Yes ___ No ___
- 11) Do you sponsor sporting or social evernts?
Yes ___ No ___

OPERATIONS - Continued

- 12) Will your cost of subcontracted work ever exceed 10% of gross receipts? *(If yes, you do not qualify for this program) Download other artisan contractor program)*
 Yes ___ No ___
- 13) What is the anticipated cost of work you will sublet to others? \$ _____
- 14) What percentage of Residential work you do? _____% What is the percentage of Commercial work you will do? _____%
- 15) Will your gross receipts exceed \$1,000,000? ? *(If yes, you do not qualify for this program) Download other artisan contractor program)*
 Yes ___ No ___
- 16) What are your anticipated receipts for the next year? \$ _____
 Yes ___ No ___
- 17) How many full time employees? _____ *(More than 30 hrs. per week)* How many part-time employees? _____ *(less than 20 hrs. per week)*
- 18) What is your anticipated annual payroll for the coming year? \$ _____
- 19) Have you ever performed any work of new residential properties, town omes, condominiumns, row home apartments, housing project or dwelling prior to the certificate of occupancy?
 yes ___ No ___
- 20) Have you ever had any construction defects, products liability or other negligence claim mad against you?
 Yes ___ No ___

REMARKS- *Use to explain yes responses to above questions*

List LOSSES FOR THE PRIOR 5 YEARS

Date of loss	Type of loss	Description of loss (if applicable)	Amt Paid	Reserve
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

Indicate other coverage/s you may need/want.

Number of Additional Insured Certificates you will want: _____

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

Equipment: Value \$ _____

Inventory: Value \$ _____

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

Signature X _____ Date _____

Send completed forms to Email Address contractors@huckabyins.com