

Brokerage **Huckaby Insurance Services**

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Small to Medium
General Contractors
"B" Lic. Contractors

**Quote ONLY
Application**

PROGRAM DESCRIPTION

General Liability program for small to medium General Contractors in California. This includes Residential Home Builders with less than \$8,000,000 in annual receipts and less than \$1,000,000 for any given project, Residential-Commercial General Contractor involved in remodeling and tenant's improvements and Commercial Builders. (Some risks may be eligible with receipts that are higher than \$8,000,000.)

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 and DBA - Business is a: Corporation ___ Partnership ___ Sole Proprietorship ___ Joint Venture ___
Other ___

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

* Years in Business. _____ Years of Experience _____

* **Applicant must have been in business for 3 years or longer to qualify for this program.**

Prior Insurance

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

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

(We will try to provide quote matching coverage's listed above.)

Policy Form - Occurrence: _____ Claims made _____ (If claims made form please provide) -> retro date _____

Yes ___ No ___

GENERAL INFORMATION - Continued

5. Do you have more than one closed construction defect claim?

Yes ___ No ___

6. Do you have any one claim, with payments or reserves in excess of \$10,000?

Yes ___ No ___

7. Do you have any open construction defect claims?

Yes ___ No ___

8. Are you a General Contractor or a developer performing new home construction or residential remodeling that are new ventures?

Yes ___ No ___

9. Are you a General Contractor or developer performing new home construction or residential remodeling that has not had general liability? coverage for at least the past 12 months.

Yes ___ No ___

10. Will you sell, install, service or repair alarm systems, automatic fire extinguishing systems, boilers, elevators, escalators, surveillance systems or TV monitoring systems, either commercial or residential?

Yes ___ No ___

11. Will you sell, install service or repair wood, coal or waste oil burning stoves?

Yes ___ No ___

12. Will you remove asbestos insulation or asbestos containing material, fungus, mold or install insulation materials other than fiberglass or rock wool?

Yes ___ No. ___

13. Are you involved in the sale of chemicals or the application of chemicals, such as herbicides or pesticides, to property?

Yes ___ No ___

14. Do you perform work for petroleum, industrial, or chemical facilities?

Yes ___ No ___

15. Have you had more than 2 claims in 3 years?

Yes ___ No ___

16. Are you involved with operations/work on or for airport, elevators, environmental remediation, railroad, roofing, swimming pool construction, traffic lights, underground tanks, skylights, EIFS?

Yes ___ No ___

GENERAL INFORMATION - Continued

17. Are you involved in fiber optic cable work or installation?

Yes ___ No ___

18. Are you involved in tunneling?

Yes ___ No ___

19. Are you involved in any exterior work over five (5) stories in height?

Yes ___ No ___

20. Have you been personally bankrupt or the principal in a company that has been bankrupt in the past five (5) years?

Yes ___ No ___

21. Are you involved in recreational or play ground construction?

Yes ___ No ___

22. Do you have any officer, owner, or partner who has a prior felony conviction?

Yes ___ No. ___

23. Premises - Are either gasoline, lumber, paints, stains, varnish, or lacquer stored at any job site or location?

Yes ___ No ___

24. Equipment – Are any of the applicants' / insured's vehicles or contracting equipment over 5 years old?

Yes ___ No ___

25. Classification – has the applicant / insured been in business for 5 years or less?

Yes ___ No ___

26. Employees – Do any applicants / insured employees work over 40 hours per week?

Yes ___ No ___

27. Cooperation – Do all employees receive safety and OSHA training?

Yes ___ No ___

REMARKS

List the total sub-contract cost you have for the 4 classes listed below:

You may have sub-contract cost in one or all these classes depending on the extent of work you do.

91581 - Remodeling only \$ _____

91582 - New Construction and remodeling work over four (4) stories \$ _____

91583 - Home Builder \$ _____

91585 - Commercial Construction \$ _____

Do not leave any class blank enter NONE if you have no costs in that class.

COVERAGE LIMITS (Indicate coverage desired)

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	/	\$2,000,000

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
 \$2,500
 \$5,000
 \$10,000
 Other \$ _____

LIST LOSSES FOR LAST 3 YEARS

Signature **X** _____ Date _____

Indicate other coverage/s you may need/want.

Number of Additional Named Insured Certificates needed: _____ *(Names and addresses not needed for quoting purposes)*

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

Equipment: Value \$ _____

Inventory: Value \$ _____

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

Send completed forms to Email Address contractors@huckabyins.com

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