

Brokerage **Huckaby Insurance Services**

Lic. # 0440134

790 S. Winchester Blvd. Suite 200  
San Jose Ca. 95128

Toll free Off: 888-266-4555 Fax 888-266-0067  
Contractors@Huckabyins.com

17760 Monterey Rd  
Morgan Hill Ca. 95037

Off: 408 -778-0125 Fax: (408) 778-7712  
Website Huckabyins.com

**Small to Medium  
Artisan Contractors  
No Single "B" or "A" Lic.**

**Quote ONLY  
Application**

**PROGRAM DESCRIPTION**

General Liability program for small to medium Artisan Contractors located in California with less than \$500,000 in annual payroll and \$2,000,000 annual receipts. (Higher receipts are acceptable in certain situations. Please check with Broker)

**INSTRUCTIONS**

If a question is not applicable mark it NA or put a line through it. 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 \_\_\_\_\_

**List named Insured's and DBA -** Business is a: Corporation \_\_\_ Partnership \_\_\_ Sole Proprietorship \_\_\_ Joint Venture \_\_\_  
Other \_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Address \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Website Address \_\_\_\_\_ FEIN number \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

License number(s) / type(s): \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

\*Years in Business \_\_\_\_\_ Years of Experience \_\_\_\_\_

**\*Applicant must have 3 years experience with another contractor or as and independent contractor to qualify for this program.**

**Prior Insurance**

Name of current Insurance Carrier \_\_\_\_\_ Expiring premium \$ \_\_\_\_\_  
( We will try to provide quote matching coverage's listed above.)

Policy Limits \$ \_\_\_\_\_ Deductible amount: \$ \_\_\_\_\_

**Policy Form -** Occurrence: \_\_\_\_\_ Claims made \_\_\_\_\_ (If claims made fom) → retro date \_\_\_\_\_

**OPERATIONS**

Describe all operations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Indicate Direct Payroll, Subcontract Costs and Gross Receipts (exclude business insured elsewhere)**

	Direct Payroll	Subcontract Costs	Gross Receipts
Next 12 Months Estimate	\$	\$	\$
Current Year Estimate	\$	\$	\$
1 <sup>st</sup> Prior Year	\$	\$	\$
2 <sup>nd</sup> Prior Year	\$	\$	\$
3 <sup>rd</sup> Prior Year	\$	\$	\$
4 <sup>th</sup> Prior Year	\$	\$	\$

What proportion of work is

(a) Performed by you:	%
(b) Performed by others on your behalf:	%
Total:	100 %

**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 / \$4,000,000

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 \$ \_\_\_\_\_

**GENERAL INFORMATION - *Explain all yes responses in Remarks at end of section***

1. Is the applicant a subsidiary of another entity or does the applicant have any subsidiaries?

Yes \_\_\_ No \_\_\_

2. Any exposure to flammables, explosives, chemicals?

Yes \_\_\_ No \_\_\_

3. Does applicant draw plans, designs, specifications?

Yes \_\_\_ No \_\_\_

4. Does the applicant lease equipment with / without operations?

Yes \_\_\_ No \_\_\_

5. Any policy or coverage declined, cancelled or non-renewed during last 5 years?

Yes \_\_\_ No \_\_\_

6. Does applicant hold a General Contractor or Builders License?

Yes \_\_\_ No \_\_\_

7. Does applicant ever act in the capacity of a General Contractor or Builders License?

Yes \_\_\_ No \_\_\_

8. Does applicant ever do any exterior work on buildings over 3 stories in height?

Yes \_\_\_ No \_\_\_

9. Does applicant manufacture or sell products under his name?

Yes \_\_\_ No \_\_\_

10. Does applicant perform work on boats or ships or engage in boating or shipping operations?

Yes \_\_\_ No \_\_\_

11. Does applicant sponsor sporting or social events?

Yes \_\_\_ No \_\_\_

12. Will applicant cost of subcontracted work ever exceed 25% of gross receipts?

Yes \_\_\_ No \_\_\_

Anticipated cost of work you will sublet to others? \$ \_\_\_\_\_

13. Percent of Residential Work \_\_\_\_\_%

Percent Commercial Work \_\_\_\_\_%

**GENERAL INFORMATION - Continued**

14. Will applicant's annual gross receipts exceed \$2,000,000? Anticipated annual receipts for coming year \$ \_\_\_\_\_

Yes \_\_\_ No \_\_\_

15. Will applicant's annual payroll exceed \$500,000? Anticipated annual payroll for coming year \$ \_\_\_\_\_

Yes \_\_\_ No \_\_\_

16. Does applicant ever do any asbestos removal?

Yes \_\_\_ No \_\_\_

17. Has applicant performed any work of new residential properties, such as tract homes, town home, condominium, row home, apartment, housing project or dwelling?

Yes \_\_\_ No \_\_\_

18. Will applicant ever perform work on new residential properties, such as tract homes, town homes, condominiums, row homes, apartments, housing project or dwelling?

Yes \_\_\_ No \_\_\_

19. Has the applicant ever had any construction defects, products liability or other negligence claim made against them?

Yes \_\_\_ No \_\_\_

20. Has the applicant ever been named in a lawsuit alleging construction defects?

Yes \_\_\_ No \_\_\_

**REMARKS**

---

---

---

---

---

**LIST ANY LOSSES DURING LAST 3 YEARS** (if you need more space use separate sheet of paper and send with application)

---

---

---

---

---

Signature **X** \_\_\_\_\_ Date \_\_\_\_\_

**Indicate other coverage/s you may need/want.**

Number of Additional Insured Certificates you want \_\_\_\_\_ *(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](mailto:contractors@huckabyins.com)**

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