

# 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*

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**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*

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**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](mailto:contractors@huckabyins.com)