

4 Easy ways to get a quote

Call: 1-800-624-5037 x128 | Fax: 916-784-8116 | E-mail: adam@calprocis.com | By Web: www.placerins.com/EngineerONE

Business Name _____ License # _____ License Type _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Phone # () _____ Email: _____ Fax # () _____

OPERATIONS: (Please Estimate for the next 12 months & Please fill out both pages and return)

Please give a detailed description of the work you plan to do (example: grading, paving, septic, public works, excavation, utilities, pile driving, bridge building, etc) _____

GROSS RECEIPTS (SALES): \$ _____ SUBCONTRACTED WORK: _____ %

What percent of your work will be: (New construction is considered work prior to the certificate of occupancy)

RESIDENTIAL %: _____ New Construction _____ % Remodeling/Service _____ %

COMMERCIAL %: _____ New Construction _____ % Remodeling/Service _____ %

List Trades you will Subcontract out: _____

Years in Trade Experience: _____ Number of owners working in the field: _____

Do you want a quote for General Liability Insurance? YES NO

Do you currently have General Liability Insurance? YES NO Have you had prior claims or losses? YES NO

Current/Past Insurance Company: _____ Expiration Date: ___/___/___ Premium Paid \$ _____

What limits of Liability are you interested in? \$1,000,000 / \$1,000,000 \$1,000,000 / \$2,000,000 Other

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Diligence & Integrity Guaranteed

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Do you have employees in the field: YES NO If yes, how many are: Full Time: _____ Part Time: _____

TOTAL FIELD PAYROLL (excluding all owners): \$ _____

Do you want a quote for Workers Comp Insurance? YES NO FEIN or SS #: _____
(Required to generate a quote)

Do you currently have Workers Comp Insurance? YES NO Have you had prior claims or losses? YES NO

Current/Past Insurance Company: _____ Expiration Date: ___/___/___ Premium Paid \$ _____

Do you have Non-Field Payroll (sales, clerical, etc)? YES NO

Commercial Auto Quote?: YES NO

Current Ins Co _____ Exp Date ___/___/___ Premium Paid \$ _____

VIN #: _____ Make, Model, Year _____

VIN #: _____ Make, Model, Year _____

Driver Name: _____ DL# _____

Driver Name: _____ DL# _____ (attach more sheets if necessary)

I NEED A QUOTE: As soon as possible Within a week Within a month

I ALSO NEED A QUOTE FOR: Tools & Equipment Bid Bond Health Insurance Home & Auto

Signature _____ Print Name _____ Date _____

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