



COMMERCIAL SPECIALISTS INSURANCE SERVICES  
LIC # 0D80851

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[WWW.CSISONLINE.COM](http://WWW.CSISONLINE.COM)

**COURSE OF CONSTRUCTION/BUILDERS RISK**

**How did you hear about us?**

- BIA  Chamber of Commerce  Current Client  Email
- Google  Mailer  Yahoo  Yellow pages
- Referral: \_\_\_\_\_  Website: \_\_\_\_\_

Named insured \_\_\_\_\_ Contractor's License # \_\_\_\_\_

Owner's name \_\_\_\_\_ Contact's name \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

Email: \_\_\_\_\_ Preferred method of contact:  Phone  Fax  Email  Mail

Mailing address: \_\_\_\_\_

Physical/Premise address \_\_\_\_\_

Business entity:  Sole proprietorship  Partnership  Corporation  LLC  Other: \_\_\_\_\_

Construction Location/Address:

\_\_\_\_\_

City, State, and Zip:

\_\_\_\_\_

Project Cost/ Amount: \$ \_\_\_\_\_  
Intended Occupancy? \_\_\_\_\_

Estimated Length of Job: \_\_\_\_\_  
Total area (sq ft) \_\_\_\_\_

Description of work to be done:

- Residential  Commercial  New construction  Remodel

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

Name of General Contractor (if different): \_\_\_\_\_

License # \_\_\_\_\_ Contact Name and Phone # \_\_\_\_\_

Yes No

- Will the insured be the owner/occupant?
- Will the construction site be fenced?
- Will the construction site be lit?
- Has the brush been cleared (if applicable)?
- Is this a mid-term project? If so, what percentage has been completed? \_\_\_\_\_
- Does the insured plan to sell part or all of the completed project?
- Is this a Rehab/Renovation?

If yes, what is the value of the existing structure? \$\_\_\_\_\_

What is the value of the work to be completed? \$\_\_\_\_\_

Describe the renovation: \_\_\_\_\_

Estimated length of the job? \_\_\_\_\_

- Which security measures are in use?
  - 24 hour guards                       Guard patrol                       Watchman
  - Locked structure for building materials                       Fire extinguishers
  - Other: \_\_\_\_\_

- Has the insured ad any claims or losses during the last five years?  
If yes, provide details \_\_\_\_\_

Property Mortgagee/Loss Payee Information:

Name of bank or lending institution: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Is the above to be named:  Loss Payee             Additional Insured             Mortgagee

Additional information:

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\_\_\_\_\_  
Signature of Prospective Insured

\_\_\_\_\_  
Date