



COMMERCIAL SPECIALISTS INSURANCE SERVICES  
LIC # 0D80851

PO BOX 4185 THOUSAND OAKS CA 91359-1185  
PHONE: 888.501.2747 (CSIS) FAX: 888.502.2747 (CSIS)  
[WWW.CSISONLINE.COM](http://WWW.CSISONLINE.COM)

**COMMERCIAL GENERAL LIABILITY RENEWAL QUESTIONNAIRE**

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: \_\_\_\_\_

Desired limits of coverage:  \$300,000  \$500,000  \$1,000,000  \$2,000,000/\$1,000,000

Do you need an umbrella policy? What limits? \_\_\_\_\_

Years of Experience: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Number of owners, partners, officers, members: \_\_\_\_\_ Number active in the field: \_\_\_\_\_

Describe, in detail, the operations performed by you and your employees:

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

Estimated Gross Receipts Next 12 months: \_\_\_\_\_ Actual for last 12 months: \_\_\_\_\_

Employee payroll (NOT including owners, officers, clerical or non-field employees): \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_ Number of Part Time Employees: \_\_\_\_\_

Subcontractor Costs Next 12 months: \_\_\_\_\_ % of gross receipts (\$\_\_\_\_\_ annual amount)

Jobs Performed By Subcontractors

- Clean-up     Concrete     Drywall     Excavation     Electrical     Framing  
 Finish Work     Flooring     Grading     Glazier     Landscape     Painting  
 Plastering     Plumbing     Roofing     Other: \_\_\_\_\_

Do you perform work on any of the following:

- a. Condominiums:  Repair  Remodel  New Construction  None
- b. Townhouses:  Repair  Remodel  New Construction  None
- c. Apartments:  Repair  Remodel  New Construction  None
- d. Tract housing:  Repair  Remodel  New Construction  None

How many units will you work on at once? \_\_\_\_\_

Any work for associations?  Yes  No

Indicate the percentage of your work - MUST equal 100% on EACH row):

Residential _____%	Commercial _____%	Industrial _____%	Public Works _____%
**New construction: _____%	Remodel (structural) _____%	Repair/Remodel/Service _____%	
Interior (inside structures) _____%		Exterior (outside structures) _____%	
General Contractor _____%	Developer _____%	Artisan Contractor _____%	

\*\* Is the new construction residential?  Yes  No

List your three largest jobs in the last three years (MUST include start date/end date, project type, gross receipts, and description of work:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

List the three largest jobs that you are working on or have scheduled for the next year (MUST include start date/end date, project type, gross receipts, and description of work:

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_

Have you had any losses or claims in the last five years?  Yes  No

Loss run reports may be required, but provide a brief description of any claims here:

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Do you have any special certificate wording or requirements?  Yes  No

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Any additional information, comments or concerns?  Yes  No

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Please note that the information provided on this preliminary information form will assist us obtaining the best possible quote for you. The carrier may require an additional application or paperwork before offering/binding coverage. The quote provided may NOT offer all coverages as requested. See quote sheet for exclusions.

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

\_\_\_\_\_  
Date

Worker's compensation carrier: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_

Commercial auto carrier: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_