



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

COMMERCIAL GENERAL LIABILITY

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: _____

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: _____

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

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:

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

Any additional information, comments or concerns? Yes No

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: ___/___/___