



**Comprehensive Commercial
Insurance Services, Inc.**

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General Liability Questionnaire

- 1) Owner's Name: _____ 2) Contact Name: _____
- 3) Business Name: _____
- 4) How Did You Hear About Us? _____
- 5) Years In Business _____ 6) Years Experience _____ 7) Contractors License # _____
- 8) License Class _____ 9) Federal Employee Identification # _____
- 10) Phone # _____ 11) Fax # _____ 12) E-mail _____
- 13) Address - Mailing: _____
Physical: _____
- 14) Individual, Partnership, or Corporation _____
- 15) Current Insurance Company Name _____
a) Renewal Date _____
b) Annual Premium _____
c) Any Claims In the Past 5 Years? If Yes, Please Describe. _____
- 16) Percent Residential _____ + Percent Commercial _____ + Percent Industrial _____ = 100%
- 17) Percent New Construction _____ + Percent Remodeling _____ = 100%
- 18) What Percent Of Your Total Work Is On New Residential Structures? _____
- 19) If You Are A General Contractor, How Many New Homes Will You Build This Year? _____
- 20) Any Work On Condominiums, Townhomes, Tracts, or Apartments? _____
a) Condos/Townhomes: New Or Remodel _____ Percentage Of Total Work _____
b) Tracts: New Or Remodel _____ Percentage Of Total Work _____
c) Apartments: New Or Remodel _____ Percentage Of Total Work _____
- 21) Estimated Annual Gross Receipts (Sales) _____
- 22) Number Of Active Owners _____ 23) Number Of Employees: FT _____ PT _____
- 24) Estimated Annual Gross Payroll (Field Only/ Not Including Owners) _____
a) Trades Performed By Employees _____
- 25) Estimated Annual Subcontract Cost _____
a) Trades Performed By Subcontractors _____
- 26) Limit Of Liability Requested _____ Deductible _____
- 27) How Should We Deliver Your Quote? Fax _____ Email _____ US Mail _____ Phone _____
- 28) Additional Comments: _____

Please Fax Or Email To Us For A General Liability Quote. If You Have Any Questions, Please Do Not Hesitate To Contact Us.