



**Comprehensive Commercial  
Insurance Services, Inc.**

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## Excess/Umbrella 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) Percent Residential \_\_\_\_\_ + Percent Commercial \_\_\_\_\_ + Percent Industrial \_\_\_\_\_ = 100%
- 16) Percent New Construction \_\_\_\_\_ + Percent Remodeling \_\_\_\_\_ = 100%
- 17) What Percent Of Your Total Work Is On New Residential Structures? \_\_\_\_\_
- 18) If You Are A General Contractor, How Many New Homes Will You Build This Year? \_\_\_\_\_
- 19) 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 \_\_\_\_\_
- 20) Estimated Annual Gross Receipts (Sales) \_\_\_\_\_
- 21) Number Of Active Owners \_\_\_\_\_ 23) Number Of Employees: FT \_\_\_\_\_ PT \_\_\_\_\_
- 22) Estimated Annual Gross Payroll (Field Only/ Not Including Owners) \_\_\_\_\_
  - a) Trades Performed By Employees \_\_\_\_\_
- 23) Estimated Annual Subcontract Cost \_\_\_\_\_
  - a) Trades Performed By Subcontractors \_\_\_\_\_
- 24) Limit Of Liability Requested \_\_\_\_\_ Deductible \_\_\_\_\_
- 25) Underlying Liability Policy Information:
  - a) Current Insurance Company Name \_\_\_\_\_
  - b) Policy Number \_\_\_\_\_ c) Renewal Date \_\_\_\_\_
  - d) Limits: \_\_\_\_\_ e) Annual Premium \_\_\_\_\_
- 26) Underlying Commercial Auto Policy Information:
  - a) Current Insurance Company Name \_\_\_\_\_
  - b) Policy Number \_\_\_\_\_ c) Renewal Date \_\_\_\_\_
  - d) Limits: \_\_\_\_\_ e) Annual Premium \_\_\_\_\_

27) Underlying Workers Compensation Policy Information:

a) Current Insurance Company Name \_\_\_\_\_

b) Policy Number \_\_\_\_\_ c) Renewal Date \_\_\_\_\_

d) Limits: \_\_\_\_\_ e) Annual Premium \_\_\_\_\_

28) How Should We Deliver Your Quote? Fax \_\_\_\_\_ Email \_\_\_\_\_ US Mail \_\_\_\_\_ Phone \_\_\_\_\_

29) Additional Comments: \_\_\_\_\_

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