



275 Fontainebleau Blvd. Suite 190
 Miami, Florida 33172
 (305) 463-9431 – (877) 463.9431 / FAX (305) 436.6797
 Email: GMAIL@ALLCITYINS>COM

CONTRACTOR QUICK QUOTE REQUEST

Company Name:	Contact Name: (<input type="checkbox"/> Owner <input type="checkbox"/> Manager <input type="checkbox"/> Other)	
Mailing Address: <input type="checkbox"/> Check if same as location	Phone:	Source:
	Email / Fax:	

Description of Operations:

Type of Contractor (Check all that apply)
 General Contractor Artisan/Subcontractor Utility Construction Roofer Demolition Other: _____

Type of Work (Check all that apply)
 Residential: _____% Commercial: _____% Industrial: _____% New Construction Remodeling

General Information

New Venture Years in Business: _____ Prior Coverage: Carrier: _____ Exp. Date: _____ No Prior

Prior claims in the past 5 years Coverage cancelled or non-renewed in the past 3 years Year of experience in trade: _____

No. Owners(engaged in actual construction) #	No. of Employees #	Total Employees Payroll \$	Total Paid to Subcontractors \$
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Classification/Trade	Payroll
	\$
	\$
	\$

Classification/Trade	Payroll
	\$
	\$
	\$

Do you draw plans, designs or specifications? <input type="checkbox"/> Yes <input type="checkbox"/> No	Your subcontractors carry limits less than yours? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any operation includes blasting or explosive material? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are uninsured subcontractors allowed to work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Any excavation, tunneling, underground work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Any leased equipment to others? <input type="checkbox"/> Yes <input type="checkbox"/> No

Coverage Requested

General Liability 300,000 500,000 1,000,000 1,000,000/2,000,000 1,000,000/3,000,000

Hired / Non-Owned Auto: Included Any automobile/truck registered under the corporation? Yes No

Additional Insured: Blanket Single Endorsements: # of Additional Insureds: _____

Additional Endorsements Primary and Non-contributory Per Project Aggregate Waiver of Subrogation

Umbrella 1,000,000 2,000,000 3,000,000 4,000,000 5,000,000 _____

Contractor's Tools/Equip. Scheduled: \$_____ Unscheduled: \$_____