# Contractor Quoting Worksheet

*If you are able to get a copy of the policy declarations pages, it will be helpful.*

**Please note that loss runs will be required when submitting the applications unless it is a new business.**

**Type:** O In-book O Walk-in O Cold call (your office) O List provider O Internet source O Referral

## Customer Information

**Business name:** ______ **Contact name:** ______

**Full business description (all services offered):** ______

**Customer email:** ______ **Business number:** ______ **Personal number:** ______

**Mailing address:** ______ **City:** ______ **State:** ______ **ZIP:** ______

## Business and Insurance Information

Business type: O Sole proprietor O Partnership O Corporation O LLC O Other ______

**Years in business:** ______ **Years insured with State Farm commercial:** ______ **Years of continuous insurance:** ______

**Current carrier and 3 years total premiums:** ______ Claims within last 3 years? O Yes O No

**If yes, type and amount of losses:** ______

## Business Location

**Location address, if different from mailing address:** ______

Occupancy: O Owner-Lessor O Owner-Occupied O Tenant O Business in the home ______

**Square footage:** ______ **Year built:** ______ **Annual gross receipts:** ______

Construction: ◻ Frame ◻ Masonry veneer ◻ Masonry ◻ Masonry noncombustible ◻ Noncombustible ◻ Fire resistant ______

**Deductible:** ______ Building Value:

**Business Content Value*: $** ______ *Includes merchandise, stock, owned and leased furniture & equip, phones, copiers. Don't include computer values.

**Value of any Tenant Betterments and Improvements: $** ______

**Liability:** **Medical Expense Coverage:** ______

**Restaurants:** ______ Percent of alcohol sales to total sales: _____%

Discounts: 100% Sprinklered Enclosed Building

Protective Devices: O Local Pull Station Fire Alarm O Local Burglar Alarm O Central Station and Proprietary Burglar Alarm O Fire or Smoke Central Alarm O Security Guard

Claims within the past 3 Yrs? O Yes O No Type and amount of loss(es)? ______

# Contractor Quoting Worksheet

**Protective devices:** ☐ 100% sprinklered ☐ Enclosed building ☐ Local pull station fire alarm ☐ Local burglar alarm ☐ Central stations and proprietary burglar alarm ☐ Fire or smoke central alarm ☐ Security guard

## Coverage

**Deductible:** ____________________ **Building value:** ____________________

**Business Personal Property (BPP)*: $** ____________________

**minimum of $1000 BPP needed to add Inland Marine coverage. BPP includes merchandise, stock, owned and leased furniture and equipment, phones, copiers. Don't include computer values.*

**Inland Marine:** (coverage includes actual mobile equipment as well as hand tools, ladders, scaffolding and other miscellaneous equipment)

- **Mobile equipment —**
  coverage includes actual mobile equipment as well as hand tools, ladders, scaffolding and other miscellaneous equipment
  Built in coverage limit is $10,000. Is a higher limit needed? ______________
- **Installation floater —**
  coverage includes property such as building materials and related equipment while in transit, awaiting installation at or being installed at the installation location
  Built in coverage limit is $5,000. Is a higher limit needed? ______________ Add transit coverage? ___
- **Computer property —**
  coverage includes computer equipment and to removable data storage media used in the business operation to store computer data
  Built in coverage limit is $25,000. Is a higher limit needed? ______________

**Liability limits:** O $1,000,000 O $500,000 O $300,000

**Medical limits: $5,000 included.** ☐ Higher limit needed Amount of limit: ______________

**Payroll for Liability Rating**

Number of owners: _______ Do any of them do strictly clerical work? O Yes O No

Number of employees: _______

Total anticipated annual payroll for all employees (excluding clerical workers, drivers, sales): $______________

**Sub-contractors**

Does this business hire sub-contractors? O Yes O No

If yes, total anticipated annual cost of hire for sub-contractors: $______________

What type of work are the sub-contractors doing? ______________________________

Do they require sub-contractors to carry their own General Liability and Workers Compensation insurance? O Yes O No

Do they maintain a copy of Certificates of Insurance for all sub-contractors? O Yes O No

***Be sure to uncover all of the customer's needs (including auto, workers compensation and umbrella coverages).***