

WE GOT YOU COVERED INSURANCE AGENCY
Insurance - Risk Management - Administrative Services
195 MAIN STREET NEW MILFORD, NJ 07646
Tel. 201-523-9048
EMILY@WEGOTYOUCOVEREDINSURANCE.COM

Contractors Questionnaire

Date: ____/____/____ Info Taken by: _____ Producer: _____

Business Name: _____

Business Address: _____

Business #: _____ Business Fax #: _____

Business email: _____

Contact Person: _____ Effective Date: _____

Number of owners: _____

Owner(s) names: _____ Cell.#: _____

_____ Cell.#: _____

_____ Cell.#: _____

Total # of Employees: F/T: _____ P/T: _____

Total receipts/gross sales: _____ Receipts paid to all Subs: _____

TYPE OF CONTRACTOR - WHAT TYPE OF WORK DOES THE CONTRACTOR DO?

Years of experience doing this type of work: _____

Liability Limit (pls. circle): 300,000 /600,000 500,000/1,000,000 1mil /2mil

Any tools or equipment coverage needed? _____ (Tool descriptions & value):

Prior Ins. Carrier: _____ Expiration date: _____

Prior policy cancelled? Y or N If yes, reason for cancellation: _____

Reason for no prior insurance: _____

Notes/Comments: _____

ALL CARRIERS WILL REQUIRE A (3) YEAR LOSS RUN HISTORY FOR CONTRACTORS THAT HAD/ OR HAVE GENERAL LIABILITY INSURANCE. WE WOULD ALSO LIKE A COPY OF THE EXISTING DECLARATION PAGE FOR ALL POLICIES BEING QUOTED. IF NO INSURANCE HISTORY, WE WILL NEED THE NUMBER OF YEARS OF EXPERIENCE OF OWNER.