

CONTRACTOR PAK

Hereth Insurance Consulting Quote Information

Client _____

Submission Date _____

Submitted By _____

Please Quote These Lines of Coverage

- ☐ Liability
- ☐ Contractors Equipment and Tools
- ☐ Property
- ☐ Business Auto
- ☐ Workers Compensation
- ☐ Umbrella
- ☐ Life
- ☐ Other Coverage

Submission Checklist

- ☐ Drivers Information Included
- ☐ Loss Runs Attached
- ☐ Lien Holder Info Attached
- ☐ Additional Insured Info Attached

Current Insurance Company _____

Current Insurance Agency _____

Expiration Date of Current Policies _____

When submitting a request for quote please complete the general applicant information page along with the appropriate coverage section checked above. In addition please submit a copy of the clients' current policy declaration page(s) and any hard copy loss information for review.

Once complete fax or email these items to:

Hereth Insurance Consulting
Phone: 573-475-4015
Email: Jordan@Herethinsuranceconsulting.com

GENERAL APPLICANT INFORMATION CONTRACTORS PAK SUBMISSION DATE _____ AGENT _____

BUSINESS NAME _____

CONTACT NAME _____ POSITION _____

MAIL ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

WEBSITE _____

PHONE _____ FAX _____ CELL _____

Federal ID _____ Years in Business _____

Type of Business: ☐ Corp ☐ LLC ☐ Sole Prop ☐ Partner ☐ Other _____

Owners:	Name	Title	% Owned	DOB	SSN
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____

Status of Submission	: Current Carrier:
	: <input type="checkbox"/> Currently Insured ____ # Years
<input type="checkbox"/> Quote - Need Quote Back: _____	: With Who:
	:
	:

Description of Business Operations

LIABILITY SECTION

Occurrence Limit _____ Aggregate Limit _____ PD Deductible _____
Now Paying _____

Description of Work Performed	Current Code (if available)	Employee Payroll
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Owners Actual Payroll _____ Average Number of Employees _____

Describe any use of subcontractors, names and amount paid to each:

Describe any additional insured or waiver of subrogation requirements:

CONTRACTORS EQUIPMENT AND TOOLS SECTION

Describe Item	Year	Model	Serial #	Now Paying	
				Deductible	\$ Limit
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Add Blanket Tool Coverage (small items under \$1,000) \$ _____

PROPERTY SECTION

Physical Location Address _____
Responding Fire Department _____ Age of Building _____ Dist to Hydrant _____
Square Foot _____ Type of Heat _____ Describe Other Occupants _____
Construction: ☐ Frame ☐ Masonry NC ☐ Masonry ☐ Non Combustible
Now Paying _____

Building Limit _____ Ded _____ Description of Use _____

Contents Limit _____ Ded _____ Description of Contents _____

BUSINESS AUTO SECTION

Now Paying _____

Limits Liability _____ UM/UIM _____ Med Pay _____

List Vehicle/Describe Use	VIN	Comp Ded	Coll Ded
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Drivers Full Name	DOB	DL #	SSN	Violations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

WORKERS COMPENSATION SECTION

Now Paying _____

[] Currently Insured – Company _____ How Long _____

[] Experience Rated – Normal Anniversary Date _____ Current Experience Mod _____

Class Code	Description of Work	# Full	#Part	Payroll
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Individuals Included / Excluded

Name	Title	Duties	% Owner	Inc/Exc	Payroll
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

COMMERCIAL UMBRELLA SECTION

Now Paying _____

Limit Requested \$ _____

If not quoting all lines of coverage please list all other underlying companies and current limits if you wish to have this umbrella provide coverage over those policies.

Effective Date	Line of Underlying Coverage	Underlying Company	Underlying Liability Limit
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

LIFE INSURANCE SECTION

Name	DOB	Smoke Y/N	Describe Coverage Amount and Type Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER COVERAGE SECTION

Describe:

LOSS / CLAIM INFORMATION - ALL LINES

Describe all claims paid and losses:
