CALIX & COMPANY
INSURANCE SOLUTIONS, LLC

111 W. Ocean Blvd., 4th Floor, Long Beach, CA 90802 Phone 562-354-4899 Fax 562-912 3884 CA Lic #0k29472

www.CalixInsurance.com

Date:

To: Fax #:

Attn:

From:

Re:

# of Pages

Thank you for your interest in having us provide you with a quote for your general liability insurance. Following is the information we will need to get started:

Contractor's License #_____ Type_____

Brief description of operations: _____

_____

Current Insurance Carrier: _____

Current Policy Number & Expiration Date: _____

Estimated gross receipts for the next 12 months $_____

Estimated field employee payroll for the next 12 months $_____ (Not Incl. Owner)

# of Full-Time Field Employees: _____ # of Part-Time Field Employees _____

Estimated sub costs for the next 12 months $_____

What type of work do you sub out? _____

Last 12 months - Payroll_____, Gross Receipts_____, Sub cost_____

Do you lease employees? Yes☐ No☐, If yes, payroll?_____

Residential%_____, %New_____,%Remodel_____,%Repair_____

Commercial%_____, %New_____, %Remodel_____, %Repair_____

Estimated Number of Certificates of Insurance you will need per year: _____

Any claims in the last 5 years? Yes ☐ No ☐

Please list your last three largest projects:

Description of Projects	Contract Amount	Date Completed (Mo/Yr)
	$	
	$	
	$	

Please describe any work subbed out for these jobs, if any: _____

_____

Please list your next three upcoming projects:

Description of Projects	Contract Amount	Est. Start Date (Mo/Yr)
	$	
	$	
	$	

Please describe any work that will be subbed out for these jobs, if any: _____

_____

Would you like us to give you a quote for your other coverage?

Commercial Auto Expiration Date: _____

Workers Compensation Expiration Date: _____

Tools/Equipment/Property Expiration Date: _____

Completed by: _____ Date: _____

(Your Name and Signature)

Thank you for taking the time to complete this information request. Please Email or Fax this back to our office at 562-912-3884 at your earliest convenience. Feel free to give us a call should you have any questions.

Yovanny Calix
Broker/Agent
Direct #: 562-354-4897
Email:Yovanny@calixinsurance.com