



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

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WWW.CSISONLINE.COM

COMMERCIAL GENERAL LIABILITY

How did you hear about us?

☐ BIA ☐ Chamber of Commerce ☐ Current Client ☐ Email
☐ Google ☐ Mailer ☐ Yahoo ☐ Yellow pages

☐ Referral: _____ ☐ Website: _____

Named insured _____ Contractor's License # _____

Owner's name _____ Contact's name _____

Phone #: _____ Cell # _____ Fax # _____

Email: _____ Preferred method of contact: ☐ Phone ☐ Fax ☐ Email ☐ Mail

Mailing address: _____

Physical/Premise address _____

Business entity: ☐ Sole proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other: _____

Desired limits of coverage: ☐ \$300,000 ☐ \$500,000 ☐ \$1,000,000 ☐ \$2,000,000/\$1,000,000

Do you need an umbrella policy? What limits? _____

Years of Experience: _____

Years in Business: _____

Number of owners, partners, officers, members: _____

Number active in the field: _____

Describe, in detail, the operations performed by you and your employees:

Estimated Gross Receipts Next 12 months: _____ Actual for last 12 months: _____

Employee payroll (NOT including owners, officers, clerical or non-field employees): _____

Number of Full Time Employees: _____

Number of Part Time Employees: _____

THIS IS NOT AN APPLICATION, IT IS ONLY A PRELIMINARY INFO SHEET FOR A QUOTE.
ADDITIONAL INFORMATION MAY BE REQUIRED.

Subcontractor Costs Next 12 months: _____ % of gross receipts (\$_____ annual amount)

Jobs Performed By Subcontractors

- ☐ Clean-up ☐ Concrete ☐ Drywall ☐ Excavation ☐ Electrical ☐ Framing
☐ Finish Work ☐ Flooring ☐ Grading ☐ Glazier ☐ Landscape ☐ Painting
☐ Plastering ☐ Plumbing ☐ Roofing ☐ Other: _____

Do you perform work on any of the following:

- a. Condominiums: ☐ Repair ☐ Remodel ☐ New Construction ☐ None
b. Townhouses: ☐ Repair ☐ Remodel ☐ New Construction ☐ None
c. Apartments: ☐ Repair ☐ Remodel ☐ New Construction ☐ None
d. Tract housing: ☐ Repair ☐ Remodel ☐ New Construction ☐ None

How many units will you work on at once? _____

Any work for associations? ☐ Yes ☐ No

Indicate the percentage of your work - MUST equal 100% on EACH row):

Residential _____%	Commercial _____%	Industrial _____%	Public Works _____%
**New construction: _____%	Remodel (structural) _____%	Repair/Remodel/Service _____%	
Interior (inside structures) _____%		Exterior (outside structures) _____%	
General Contractor _____%	Developer _____%	Artisan Contractor _____%	

** Is the new construction residential? ☐ Yes ☐ No

List your three largest jobs in the last three years (MUST include start date/end date, project type, gross receipts, and description of work:

- a. _____
b. _____
c. _____

List the three largest jobs that you are working on or have scheduled for the next year (MUST include start date/end date, project type, gross receipts, and description of work:

- a. _____
b. _____
c. _____

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Have you had any losses or claims in the last five years? ☐ Yes ☐ No

Loss run reports may be required, but provide a brief description of any claims here:

Do you have any special certificate wording or requirements? ☐ Yes ☐ No

Any additional information, comments or concerns? ☐ Yes ☐ No

Please note that the information provided on this preliminary information form will assist us obtaining the best possible quote for you. The carrier may require an additional application or paperwork before offering/binding coverage. The quote provided may NOT offer all coverages as requested. See quote sheet for exclusions.

Signature of Prospective Insured

Date

Worker's compensation carrier: _____ Expiration Date: ____/____/____

Commercial auto carrier: _____ Expiration Date: ____/____/____

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