



COMMERCIAL SPECIALISTS INSURANCE SERVICES

LIC # 0D80851

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COURSE OF CONSTRUCTION/BUILDERS RISK

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: _____

Construction Location/Address:

City, State, and Zip:

Construction Type: ☐ Frame/Stucco ☐ Masonry ☐ Other: _____

Project Cost/ Amount: \$ _____

Estimated Length of Job: _____

Intended Occupancy? _____

Total area (sq ft) _____

Description of work to be done:

☐ Residential

☐ Commercial

☐ New construction

☐ Remodel

Name of General Contractor (if different): _____

License # _____

Contact Name and Phone # _____

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

Yes No

- ☐ ☐ Will the insured be the owner/occupant?
- ☐ ☐ Will the construction site be fenced?
- ☐ ☐ Will the construction site be lit?
- ☐ ☐ Has the brush been cleared (if applicable)?
- ☐ ☐ Is this a mid-term project? If so, what percentage has been completed? _____
- ☐ ☐ Does the insured plan to sell part or all of the completed project?
- ☐ ☐ Is this a Rehab/Renovation?
- If yes, what is the value of the existing structure? \$ _____
- What is the value of the work to be completed? \$ _____
- Describe the renovation: _____
- Estimated length of the job? _____
- ☐ ☐ Which security measures are in use?
- ☐ 24 hour guards ☐ Guard patrol ☐ Watchman
- ☐ Locked structure for building materials ☐ Fire extinguishers
- ☐ Other: _____
- ☐ ☐ Has the insured had any claims or losses during the last five years?
- If yes, provide details _____

Property Mortgagee/Loss Payee Information:

Name of bank or lending institution: _____

Address: _____

City, State, Zip: _____

Is the above to be named: ☐ Loss Payee ☐ Additional Insured ☐ Mortgagee

Additional information:

Signature of Prospective Insured

Date

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