

American Contractor Insurance and Bonds, Inc.

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Insurance Questionnaire

Effective Dates: _____
First Name: _____ Last Name: _____
Company Name: _____

Insured Location Address Information

Location Address 1: _____
Location Address 2: _____
City: _____ State: _____ Zip: _____

Insured Mailing Address Information

Mailing Address 2: _____
City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____
Fax: _____ Email: _____

Insured License Information

Entity of Company: Corporation LLC Partnership Sole
EIN or SSN: _____
DBA (not required): _____
License #: _____
License Type: _____

General Business Information

Years in Business: _____
Years Experience: _____
Business Description: _____
Do you perform structural work? _____ YES _____ NO
Remodeling/Repair? _____ YES _____ NO
New Construction? _____ YES _____ NO
Residential? _____ YES _____ NO
Commercial? _____ YES _____ NO
Maximum # of Stories: _____
Maximum Depth Below Grade: _____

Total Gross Receipts (projected sales _____
for this year) :

Subcontractor Costs: _____

Total Payroll (excludes owner(s)) : _____

Detailed Eligibility Questions

1. Has any licensing authority taken any action against you, your company or any affiliates? _____ YES _____ NO

2. Have you allowed or will you allow your license to be used by any other contractor? _____ YES _____ NO

3. Has any lawsuit ever been filed, or any claim otherwise been made against your company of any partnership or joint venture of which you have been a member of your company's predecessors in business, or against any person, company or entities on whose behalf your company has assumed liability? _____ YES _____ NO

4. Is your company aware of any facts, circumstances, incidents, situations, damages or accidents (including but not limited to: faulty or defective workmanship, product failure, construction dispute, property damage or construction worker injury) that a reasonably prudent person might expect to give rise to a claim or lawsuit, whether valid or not, which might directly or indirectly involve the company? _____ YES _____ NO

5. Do you use subcontractors? _____ YES _____ NO

Payroll: _____

Number of Field Employees: _____

How many projects did you start last year? _____

How many of those projects did you complete? _____

Describe your largest project including dollar amount _____

Payment: _____ Monthly Financing _____ Pay in Full

Signature: _____ Date: _____