



J&C CORBETT INSURANCE SERVICES, INC.

WWW.CORBETT-INSURANCE.COM

609 COURT ST
800 400-1125

WOODLAND, CA 95695
530 419-2000

LIC No.: OD34028
FAX: 530 419-2018

\$1,000,000 GENERAL LIABILITY INSURANCE

Issuance of an insurance policy is subject to underwriter/carrier approval.

**Please answer all questions and fax or mail this form for a free quote and financing information.
This form can also be submitted online at www.corbett-insurance.com
Incomplete forms cannot be processed.**

1. Business Name _____
 Sole Owner Partnership Corporation
Owner or Officer Name _____
Owner or Officer Name _____
2. Mailing Address _____
City _____ County _____ Zip _____
3. Physical Address _____
4. Cell Phone () _____ Office Phone () _____
5. Email _____ Fax () _____
6. License # _____ Classification(s) (e.g., B, C-10, C-33, C-36) _____
7. Years of experience _____ Years licensed _____
8. Type of work (e.g., electrical, plumbing, painting, finish carpentry, drywall) _____

- 9a. What portion of your work is: Residential ___% Commercial ___% (= 100%)
- 9b. What portion of your work is: New Construction ___% Remodeling/Room Additions ___% (= 100%)
10. Estimated Gross Sales \$ _____ Requested liability amount \$ _____
11. Do you use subcontractors? Yes No Estimated annual sub costs: \$ _____
12. Estimated Annual Employee Payroll \$ _____ Leased Employee Payroll \$ _____
(Not Including Owners or Clerical Work)
13. # of Full-time employees _____ # of Part-time employees _____
14. Have you had any losses within the last 5 years? Yes No
Describe if yes: _____
15. Do you work on the new construction of apartments, condominiums, townhouse associations, or tract homes? Yes No
16. A General Liability policy typically does not cover the loss of tools, but coverage can be added at a discounted rate.
Do you want coverage for the loss of tools? Yes No
17. On what date do you need coverage to start? _____

SEE REVERSE FOR WORKERS' COMPENSATION