



J&C Corbett Insurance Services, Inc.

www.corbett-insurance.com

P.O. Box 929
800 400-1125

DAVIS, CA 95617-0929
530 419-2000

Lic No.: OD34028
FAX: 530 419-2018

\$1,000,000 GENERAL LIABILITY INSURANCE

FINANCING AVAILABLE

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

Please answer all questions and fax or mail this form for a quote.

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. Phone () _____ Fax () _____
5. Email _____
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 ____%
- 9b. What portion of your work is: New Construction ____% Remodeling ____%
10. Requested liability amount \$ _____ (\$1 million is most common)
11. Do you use subcontractors? Yes No Estimated annual sub costs: \$ _____
Type of work subbed (e.g., electrical, plumbing, painting): _____
12. Estimated Gross Sales \$ _____
13. Estimated Annual Employee Payroll \$ _____ Leased Employee Payroll \$ _____
(Not Including Owners)
14. **Name of previous or current insurance company** _____
Dates of coverage: _____ Current premium: _____
15. Details of any losses within the last 5 years _____

16. Describe any work performed on the new construction of apartments, condominiums, townhouse associations, or tract homes:

SEE REVERSE FOR WORKERS' COMPENSATION