LICENSE GURU INSURANCE SERVICES

9016 Mojave Dr. Sacramento, CA 95826

 Phone: 916-217-1852 Fax: 916-290-0788

CA DOI License #0E82246

**Bond Specialist ● General Liability ● Workers Compensation**

**General Liability Quote Questionnaire**

# COMPANY NAME:

1. Work Performed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. % New Construction % Remodel
2. % Residential % Commercial \_\_\_\_\_\_% Industrial
3. # of Owners \_\_\_\_\_\_\_\_\_\_\_\_
4. Contractor’s License #
5. Current Coverage in place? Y N
6. If Yes, with who \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. Any Specific Endorsements needed?
8. Gross Receipts $
9. Projected 12 Month Revenue $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_
10. Subcontracting Costs $
11. Work Subcontracted
12. # of Employees \_\_\_\_\_\_\_\_\_\_\_\_
13. Estimated Employee Payroll $
14. Estimated Officer/Member Payroll $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please Email or fax this form attention to *Insurance Quote***

# contractorslicenseguru@gmail.com

# 916-270-0788