

Date: ____/____/____

Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone () _____ Fax () _____ Email _____

Description of Operation: (Please give detailed information with percentages (%) is you have different operations): _____

Corporation: Partnership: Sole Proprietor: LLC:

Yrs in Business: _____ New Venture (Yrs Experience): _____

LA Contractor License # _____ Fed. I.D or SS # _____

Number of active owners, officers: _____

Number of employees: _____

Do you sub-contract work? Yes No If yes, what is the total estimated cost of sub-contracted work? \$ _____

Estimated Gross Receipts (next 12 months): \$ _____

Estimated Employee Payroll (next 12 months): \$ _____

Professional Experience:

List specific companies worked for with specific dates.

Type of work & jobs completed: (List of five (5) most recent jobs):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Types of jobs/work you and your company plan to do in the next 12 months:

Return this by email or fax to:
Arceri & Associates, Inc.
chris@arceri-insurance.com
504-304-7911 Fax
504-484-6393 Phone

Contractor Insurance Data Sheet

Please list owners, officers, & partners and indicated whether to include / or exclude from WC coverage

| Name | Date of Birth | Title Relationship | Ownership % | Duties | Payroll | Incl / Exc |
|------|---------------|--------------------|-------------|--------|---------|------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Coverage & Limits Requested:

General Liability:

- \$100,000
- \$300,000
- \$500,000
- \$1,000,000

Workers' Compensation

Includes Statutory Limits of \$100,000

- Increase to: \$500,000
 \$1,000,000

Additional Insured's: Yes No

Please list including name & address

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Any previous insurance coverage? Yes No

If yes, with whom? _____

Current Premium GL _____ Current Premium WC _____

Any previous claims? Yes No

If yes, please describe: (dates, amount paid, description of claim)

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