

CONTRACTORS CGL

POLICY EFF DATE: _____

TODAY'S DATE: _____ PRODUCER NAME: _____

INSURED NAME: _____ PHONE: _____

LOCATION: _____

DESCRIPTION OF OPERATIONS: _____

_____ YRS IN BUSINESS: _____

PREVIOUS CARRIER: _____

LOSS HISTORY: _____

LIABILITY (CIRCLE) \$2MM/1MM \$1MM/500K \$600K/300K

#OF EMPLOYEES: _____ (excl owner, sales & clerical)

EMPLOYEE PAYROLL: _____ (excluding owner)

ESTIMATED ANNUAL GROSS RECEIPTS: _____

SUBCONTRACTED LABOR/MATERIAL COSTS: _____

#OF EMPLOYEES: _____

**L805 – BLAKET ADDITIONAL INSURED NEEDED?
(CIRCLE) YES/NO**