



Contractor Quick Quote

Please provide accurate estimates for the next 12 month period. All policies are subject to an end of term audit where additional premium may be added. Premiums are based on Business Gross Receipts and Employee Payroll.

- Full Name:

- Business Name & DBA (If Applicable):

- Number Of Years In Business:

- Business Location Address:

- Phone Number:

- Email Address:

- Business FEIN# (if Applicable):

- Business License Number:

- States you expect to work in this year:

- Estimated Gross Receipt:
(total income before owner draw, taxes, payroll, etc. **{not owner take home pay}*)

- How Many Employees?:

- Estimated Payroll:

- Estimated Amount Paid To Sub-Contractors:

- Please provide a brief description of your work in detail:

• Will there be any roofing only work?	Yes	No
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• Please Provide Percentages Of	*Residential:	%	*Commercial:	%
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• Please Provide Percentages Of	*New Construction:	%	*Remodel/Repair/Service:	%
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• Any Insurance Claims Or Bankruptcy in the last 3 year?	Yes	No
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When completed send to:
service@artisanliabilityinsurance.com