

**Artisan Contractor  
Insurance Program  
Application**

Submit To:

**Excel|Sure Insurance Services**

1041 W. 18<sup>th</sup> Street, Suite A204  
Costa Mesa, CA 92627-4550  
Toll-Free Phone: (800) 987-5051  
Toll-Free Fax: (877) 987-5051  
www.excel|sure.com

**Quick Quote Program Application**

Business Name: \_\_\_\_\_

Location Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Company Website: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Business Entity: \_\_\_\_\_ Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_ Other

Federal I.D. Number: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

**When Do Your Policies Renew?**

**Insurance Carrier**

**No. of Losses In Past 3yrs**

General Liability/Property: \_\_\_\_\_

\_\_\_\_\_

Business Auto: \_\_\_\_\_

\_\_\_\_\_

Workers Compensation: \_\_\_\_\_

\_\_\_\_\_

ANSWERS	GENERAL INFORMATION
	Contractor License Number?
	Percentage of Work Sub-Contracted?
	Percentage of New Construction-Residential Work?
	Percentage of Remodel-Residential Work?
	Percentage of New Construction-Commercial Work?
	Percentage of Remodel-Commercial Work?
	Years of Related Work Experience?
	Total Value of Employee Tools?
	Annual Gross Receipts?
	Average Job Cost Per Project?

Class Code	Payroll	No. of Employees
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>What Type of Service/Construction Work Do You Provide?</b>		
_____		
<b>Comments:</b>		
_____		
_____		
_____		