

Clinton Polley Insurance Brokers, Inc.

1675 Creekside Dr. Suite 100
Folsom, CA 95630

Phone: 916-984-3000

Fax to 916-984-3100

COMMERCIAL INSURANCE QUOTE INFORMATION

Company Name: _____
Address: _____ City: _____ St: _____ Zip: _____
Owner Name: _____ Contact: _____
Phone: _____ Fax: _____

OPERATIONS

Description of All Work Performed

Contractors Lic#: _____ Years In Business: _____

Percentage of Operations Attributed to (Must equal 100%)

Commercial _____ % Residential _____ % Industrial _____ % = 100%
New Construction _____ % Remodel _____ % Service Repair _____ % = 100%

Describe hiring practices

Pre-placement physical exams? Yes No
Drug screening? Yes No
Background checks? Yes No

Are subcontractors used? Yes No _____ %

Type of Work Subcontracted: _____

Any other locations used? Yes No

Address: _____

WORKER'S COMPENSATION

Clinton, Polley Insurance Brokers, Inc.

Estimated annual payroll for each classification of work performed: as per recent PAYROLL REPORT

| CODE | CLASS CODE DESCRIPTION | NUMBER OF EMPLOYEES | INTERIM RATE | ANNUAL PAYROLL TOTALS |
|------|------------------------|---------------------|--------------|-----------------------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |

Federal Employer ID # _____

Type of Safety Program? _____

Total number of employees: Full Time: _____ Part Time or Seasonal _____

Do Employees Travel Out of State? Yes No

Are Employee Health Plans Provided? Yes No Carrier Name: _____

| Owners/Officers/Partners | Title | % Ownership | Included or Excluded in W/C ? |
|--------------------------|-------|-------------|-------------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Current Workers Comp Carrier _____ Renewal Date _____

Policy Number _____

PLEASE FAX THE LAST FIVE YEARS OF CURRENT VALUED *LOSS RUNS*, OR AS A SERVICE TO YOU, OUR AGENCY CAN ORDER ON YOUR BEHALF. PLEASE PROVIDE: CARRIER NAMES AND POLICY NUMBERS.