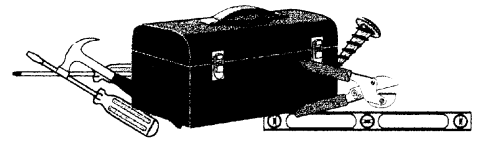


CONTRACTORS QUOTE FORM

THOMPSON - GUSIC INSURANCE GROUP

www.thompsongusic.com (Online Quote Forms Available)

(412) 271-8888



Fax Form to: (412) 271-8898

BUSINESS NAME: _____

CONTACT: _____

ADDRESS: _____

PHONE: _____

CITY / ST / ZIP: _____

FAX: _____

CORP. ___ SOLE PROP. ___ PARTNERSHIP ___

EMAIL: _____

Current Insurance Company: _____ Expiration Date: _____ Premium: _____

Year Bus. Established: _____ Business Description: _____

PROPERTY INFORMATION

Location Address: _____

Use of Building (office, shop, warehouse, etc): _____

Year of Construction: _____ Type of Construction: _____

of Stories: _____ Square Footage: _____ Updates-Year: Electrical ___ Heating ___ Plumbing ___ Roof ___

Burglar Alarm? Y N Fire Alarm? Y N Bldg. Sprinklered? Y N Central Station Alarm? Burglar / Fire

List Other Occupancies in Building: _____

Surrounding Area Consists of (residential, commercial, rural etc.): _____

LIABILITY INFORMATION

Gross Annual Receipts: _____ No. of Owners / Officers _____ Cost of Subcontracted Wk: _____

Class Description: _____ Payroll: _____ # Employees: _____

Class Description: _____ Payroll: _____ # Employees: _____

Class Description: _____ Payroll: _____ # Employees: _____

LIMITS OF INSURANCE

BUILDING LIMIT: _____ CONTENTS LIMIT: _____ DEDUCTIBLE: _____

TOOL / EQUIPMENT FLOATER LIMIT: _____ DEDUCTIBLE: _____

OTHER COVERAGES: _____

GENERAL LIABILITY LIMIT: \$300,000 ___ \$500,000 ___ \$1,000,000 ___ Umbrella Policy? Y N

WORKERS COMPENSATION

Federal ID Number (FEIN): _____

Class Code: _____ Description: _____ Payroll: _____ # Employees: _____

Class Code: _____ Description: _____ Payroll: _____ # Employees: _____

Class Code: _____ Description: _____ Payroll: _____ # Employees: _____

ANY LOSSES OR CLAIMS IN THE PAST 3 YEARS ON ANY OF THE ABOVE? Y ___ N ___

★ Signed: _____ Date: _____