

Contractors Questionnaire

Date: _____ Policy Exdate: _____
Business Name: _____
Insured's Name: _____
Address: _____
Phone #: _____ Fax #: _____ Cell #: _____
Type of Contractor: _____ Residential: _____ Commercial: _____
Multiple Operations: _____ % of each operation: _____
Any work subcontracted?: _____ if yes list type of work and payroll: _____

Years in business: _____ Years experience: _____
Federal Tax ID #: _____ or SS #: _____

LIABILITY Coverage:

Liability limits: \$300,000 _____ \$500,000 _____ \$1,000,000 _____ \$2,000,000 _____
Snowplowing: _____ # of Trucks: _____ Driveways: _____ Roads: _____ Parking lots: _____
Corporation: _____ Partnership: _____ Sole Proprietor: _____
of officers: _____ Officers Payroll: _____ # of Partners: _____
Partners payroll: _____ # of Employees: _____ Employee Payroll: _____

Commercial auto coverage:

Liability limits: \$300,000 _____ \$500,000 _____ \$1,000,000 _____ \$2,000,000 _____
Tickets: _____ Accidents: _____ DL# & DOB: _____
Vehicles: With Plow Weight Value Comp Collision

Town vehicle garaged in: _____

Workers Compensation Coverage:

Officers Duties: _____ Employees Duties: _____
Payroll of Officers: _____ Payroll of Employees: _____
Prior WKCP?: _____ What company: _____

EQUIPMENT COVERAGE AND COMMERCIAL UMBRELLA:

Equipment Rental Coverage?: _____ Amount: _____
Misc. Tools total value: _____ Deductible: _____
Equipment description: _____ Value: _____

Umbrella limit: _____ Current Insurance Company: _____
Any claims in the last 3 years: _____ Explain: _____

Terry Lamb
ISU SASCO Insurance Services, Inc.
PO Box 400 ♦ 313 High Street
Hackettstown, NJ 07840
Phone: (908) 852-3465 Fax: (908) 847-0354
terry@sascoinsurance.com