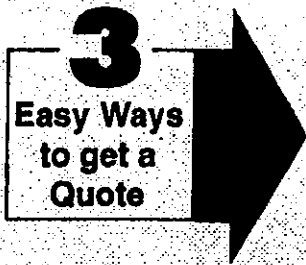


Se Habla Español!!

# CAL-PRO

## FAST QUOTE

VISA/MC/AMEX  
GLADLY ACCEPTED!



CAL-PRO C.I.S., Inc.  
"Your Business Insurance Specialists"  
License #: OE61978  
Email: CPMAIN@CALPROCIS.COM

1. FAX: (916) 630-0735
2. CALL: 1-888-593-1346
3. MAIL: CAL-PRO C.I.S.  
3175 Sunset Blvd., Ste. #107  
Rocklin, CA 95677

For your General Liability Insurance Quote, please tell us about yourself and your company:

Business Name \_\_\_\_\_ License # \_\_\_\_\_ License Type \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # ( ) \_\_\_\_\_ Fax # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_  
 Person to contact regarding insurance \_\_\_\_\_ Best time to call \_\_\_\_\_  
 My company is a:  Sole Proprietorship  Partnership  Corporation E-mail: \_\_\_\_\_  
 How many active Owners/Partners/Officers perform hands-on construction work? \_\_\_\_\_  
 Do you have employees working in the field: YES/NO If yes, how many \_\_\_\_\_  
 My years of total experience in this line of work: \_\_\_\_\_

OPERATIONS: Please give a description of the work you plan to do: \_\_\_\_\_

What percent of Commercial Work do you expect to do in the next year: \_\_\_\_\_%

Breakdown: New Construction \_\_\_\_\_% Service & Repair \_\_\_\_\_% Remodel \_\_\_\_\_%

What percent of Residential Work do you expect to do in the next year: \_\_\_\_\_%

Breakdown: New Construction \_\_\_\_\_% Service & Repair \_\_\_\_\_% Remodel \_\_\_\_\_%

ESTIMATE for the next 12 months your:

GROSS RECEIPTS: \$ \_\_\_\_\_ FIELD PAYROLL: \$ \_\_\_\_\_  
(Cost of materials, sub-contract work, labor, profit) (Exclude owners, officers, salespersons and clerical staff)

Approximate percent you will SUBCONTRACT OUT to other contractors: \_\_\_\_\_%

Total Cost of all subcontracted work: \$ \_\_\_\_\_

If you plan on hiring subcontractors, what will they do for you? \_\_\_\_\_

What Limits of Liability are you interested in? (Please check your choice/choices)

- \$100,000/\$300,000  \$500,000/\$1,000,000  \$1,000,000/\$1,000,000  \$1,000,000/\$2,000,000  
 (Limits reflect per Occurrence and Aggregate Totals)

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Please indicate your anticipated work percentage for the next 12 months for each of the trades listed below (YOUR INDICATION SHOULD EQUAL 100%)

TYPE OF WORK	%	TYPE OF WORK	%	TYPE OF WORK	%	TYPE OF WORK	%
Burglar Alarm Install:		Fencing:		Mold Remediation:		Termite/Dryrot Repair:	
Carpentry(finish):		Fiber Optics:		Paint Interior:		Tile/Stone/Marble:	
Carpentry(rough framing):		Fire Restoration:		Paint Exterior:		Tree Trimming:	
Chimney Cleaning:		Fire/Security Alarms:		Plumbing Residential		Tree/Stump Removal:	
Concrete(flat):		Flooring:		Plumbing Commercial:		Welding:	
*Concrete(slab/foundation):		Gas Lines:		Refrigeration Systems:			
Debris Removal(site):		*Grading:		Retaining Walls:		Other:	
Demolition(soft):		Guniting/Shot-crete:		Roofing:			
Demolition(hard):		Handyman:		Sewer Tie-In/Repair:		Other:	
Door, Window, Millwork Install:		HVAC:		Siding Installation:		<b>TOTAL: 100%</b>	
Driveway, Sidewalk Paving:		Insulation:		Solar Energy Systems:			
Electrical:		Landscaping:		Swimming Pool Const:			
Elevator:		Masonry:		Swimming Pool Cleaning:			
*Excavation:		Metal Erection(steel-iron):		Telephone/TV/Radio Line Install:			

\*Do you perform work below grade? Yes / No - If "YES", what is the max. depth in feet you will work: \_\_\_\_\_

Will any of your work be related to **Brand New Ground-Up** construction of **Tract Homes, Condominiums, or Apartments**? Yes / No - If "YES", give a brief summary of the type of work planned and the percentage of your overall Gross Receipts: \_\_\_\_\_

Do you plan on doing any service/repair work on existing condo's or apartments? Yes / No - If "YES", please describe the work planned and the percentage of your overall Gross Receipts: \_\_\_\_\_

Will you perform any work at any of the following: **AIRPORTS, GAS STATIONS, RAILROADS, HOSPITALS**  
If yes, please describe: \_\_\_\_\_

Do you currently have a liability policy in force? \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Ins. Co.: \_\_\_\_\_

How soon would you like to obtain **General Liability** insurance? \_\_\_\_\_

Have you had any prior claims, losses or litigation related to your current or past construction operations?  
Yes / No - If "YES", please describe the circumstances involved: \_\_\_\_\_

How many **Additional Insured** certificates do you expect to need this year? \_\_\_\_\_

**One last question: Who will win the 2005 NBA Championship?** \_\_\_\_\_

Please indicate if you would like to receive a quote on other insurance coverage for your Business Auto, Contractor's tools & Equipment, Building, Business Personal Property or Workers' Compensation insurance (an Agent will contact you to discuss these options): **YES / NO**

\_\_\_\_\_  
Date                      Signature                      Print Name

**Thank You!**