

Haymond Insurance "Taking Care of Tomorrow"

General Liability Quote

Print or Type Information

Name:		
Fed/ID#:	Phone:	
Mailing Address:		
Location Address:		
Email:	Website:	
Owner's Name:		
DOB:	SS#:	DL# & State:
Years in Business:	Years of Experience:	
Limits:	Deductible:	
Gross Receipts:	Payroll:	
#of Full-time Employees:	#of Part-time Employees:	
Nature of Business:		
List additional insureds.		
What specific coverages (WOS, Contractual, Primary)?		
Who was your prior insurance company?		
Did you have any losses? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, explain.		
Have you filed for bankruptcy in the last five years? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Commercial? Yes <input type="checkbox"/> No <input type="checkbox"/>	Personal? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is it closed? Yes <input type="checkbox"/> No <input type="checkbox"/>		
What type of construction? <input type="checkbox"/> Type 1: Fire Resistive (ex: high-rise made of concrete & protected steel) <input type="checkbox"/> Type 2: Non-Combustible (ex: newer commercial structures with walls and roofs made of non-combustible materials) <input type="checkbox"/> Type 3: Ordinary (ex: new or old construction, non-combustible wall and a wood roof) <input type="checkbox"/> Type 4: Heavy Timber (ex: usually older structures made of large lumber for structural members) <input type="checkbox"/> Type 5: Wood-Framed (ex: homes) <input type="checkbox"/> Other		
When was the property built?	What is the approximate square footage?	

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Complete the following if your company works in roofing and/or construction.			
What % is new construction?	What % is remodel/renovation?		
What % is residential?	What % is commercial?		
Are you licensed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
List your licenses.			
List the materials/chemicals used.			
Do you work in AR state?	In-state <input type="checkbox"/>	Out-of-state <input type="checkbox"/>	Both <input type="checkbox"/>
	Radius:		
Do you guarantee/warranty your work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you draw or design plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you store/handle hazardous materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you subcontract work out?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, what percent?
Do you require subcontractors show proof of General Liability insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require subcontractors show proof of Workers' Compensation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Do you require subcontractors show proof of necessary certificates/permits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Fax or email the completed form to:			
Searcy:	501.278.2300 or kunderwood@haymondins.com		
Springdale:	479.316.4074 or thendricks@haymondins.com		
Sherwood:	501.850.8496 or baycock@haymondins.com		