

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_

Description of Operation: (Please give detailed information with percentages (%) is you have different operations): \_\_\_\_\_

Corporation:  Partnership:  Sole Proprietor:  LLC:

Yrs in Business: \_\_\_\_\_ New Venture (Yrs Experience): \_\_\_\_\_

LA Contractor License # \_\_\_\_\_ Fed. I.D or SS # \_\_\_\_\_

Number of active owners, officers: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Do you sub-contract work?  Yes  No If yes, what is the total estimated cost of sub-contracted work? \$ \_\_\_\_\_

Estimated Gross Receipts (next 12 months): \$ \_\_\_\_\_

Estimated Employee Payroll (next 12 months): \$ \_\_\_\_\_

**Professional Experience:**

List specific companies worked for with specific dates.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of work & jobs completed: (**List of five (5) most recent jobs**):

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_

Types of jobs/work you and your company plan to do in the next 12 months:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this by email or fax to:**  
**Arceri & Associates, Inc.**  
**chris\_arceri@hotmail.com**  
**800-411-3571 Fax**  
**504-309-3087 Phone**

Please list owners, officers, & partners and indicated whether to include / or exclude from WC coverage

| Name | Date of Birth | Title Relationship | Ownership % | Duties | Payroll | Incl / Exc |
|------|---------------|--------------------|-------------|--------|---------|------------|
|      |               |                    |             |        |         |            |
|      |               |                    |             |        |         |            |
|      |               |                    |             |        |         |            |
|      |               |                    |             |        |         |            |

Coverage & Limits Requested:

General Liability:

- \$100,000
- \$300,000
- \$500,000
- \$1,000,000

Workers' Compensation

Includes Statutory Limits of \$100,000

Increase to:

- \$500,000
- \$1,000,000

Additional Insured's:  Yes  No

Please list including name & address

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Any previous insurance coverage?  Yes  No

If yes, with whom? \_\_\_\_\_

Current Premium GL \_\_\_\_\_ Current Premium WC \_\_\_\_\_

Any previous claims?  Yes  No

If yes, please describe: (dates, amount paid, description of claim)

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