



Contractors Basic Information

Basic Information for Indication

Full Name of Applicant: _____

Address: _____

City: _____

Description of Operations: _____

Number of Owners: _____

Gross Receipts: _____

Payroll: _____

Subcontracted Costs: _____

Type of Work: _____

Residential Percentage: New _____ Remodel _____ More than 20 _____

Commercial Percentage: _____

Industrial Percentage: _____

Other Percentage: _____

Is CGL 2037 Needed _____

Does the Insured obtain Certificates of Insurance for GL and WC from all subcontractors? _____

What percentage of work does the Insured sub out? _____

Cost of Insured Subs: _____

Cost of Uninsured Subs: _____

Cost of 1099 workers: _____

All applications can be sent to
submissions@taga1.com