



# 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**