



QUICK & EASY INDICATION FORM



1★ Complete info below 2★ fax or email back to us 3★ Receive Indication

For an indication please complete and fax to 858-513-4505 or
Email back to tracy@ranchopacific.com

Broker Name _____ e-mail _____ Fx _____ Ph _____

Applicant's Name _____ Zip Code: _____ State _____

Current Carrier (if any) _____ Renewal Date _____ Prior Carrier Premium _____

Years in Business # _____ Years Insured # _____ New Venture: Yes / No License Type and # _____

Lapse of coverage? Yes / No How many days/months lapsed since last policy: _____

Has the insured had 4 years continuous GL coverage? Yes / No Any multi unit or tract ground up construction? Yes / No

Any Losses within the last 4 Years? Yes / No If Losses, please explain loss(es) and total paid out:

Operations: _____

Limits of Liability: \$300K/\$300K \$500/\$500K/\$500K \$500K/\$1MM/\$500K \$1MM/\$1MM/\$1MM
\$1MM/\$2MM/\$1MM \$1MM/\$2MM/\$2MM \$2MM/\$2MM/\$2MM

Deductible (per claim): \$1,000 \$1,500 \$2,500 \$5,000

of Active Owners in the Field: _____ # of Field Employees: _____ Payroll of Field Employees: \$ _____

Total Gross Receipts: \$ _____ Total Subcontract Costs: \$ _____ Uninsured Subcontractor Costs _____

Type of Work: The total must sum 100%

New Ground-Up Construction..... Remodel/Room Additions.....
Service and repair..... Structural Work? Yes or No (circle one)

Field of Work: The total must sum 100%

Commercial..... Residential.....
Industrial..... Institutional.....

Classcode(s) & %

Classcode 1: _____ % _____ Classcode 2: _____ % _____
Classcode 3: _____ % _____ Classcode 4: _____ % _____
Classcode 5: _____ % _____ Classcode 6: _____ % _____
Classcode 7: _____ % _____ Classcode 8: _____ % _____

Sunset Options Available for Reduce Premium: _____ No Sunset _____ 2yrs _____ 3yrs _____ 4yrs

Please Quote All Available Markets _____ Or Only Quote _____

Comments: _____

Contractors Online Rater Available for Artisan Program#1 at are website...

www.ranchopacific.com

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