

**FLOORING INSTALLER'S APPLICATION FOR QUOTATION****GENERAL INFORMATION:**

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

Contact Person: \_\_\_\_\_

Premises Address: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**UNDERWRITING INFORMATION:**

Type of Installations: Carpet \_\_\_% Laminate \_\_\_% Hardwood nail-down \_\_\_% Tile &amp; Other \_\_\_%

Years in Business: \_\_\_\_\_; Do you have any employees? \_\_\_\_\_ if yes, how many? \_\_\_\_\_

Estimated Annual Gross Revenue: \$ \_\_\_\_\_, any U.S. Revenue? \_\_\_\_\_

Do you subcontract any of your work? \_\_\_\_\_, if yes, how much? \_\_\_\_\_%

Do you currently carry insurance? Yes / No, if Yes, Name of Current Insurer \_\_\_\_\_

Loss History: *List all claims in the past 5 years.*

Year	Details of Claim	Amount Paid

 Do you require any Tools Coverage (\$1,000. max. per tool or set)? \$ \_\_\_\_\_  
 or Contractor's Equipment Coverage (over \$1,000. per item)? (need to be listed) \$ \_\_\_\_\_

Name	Type	Year/Model	Serial Number	Insured Value

Commercial General Liability Limit Required: \$ \_\_\_\_\_

Effective Date desired: \_\_\_\_\_

Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

*Please return application to Dana Cristea*  
 Direct: 604-699-2259 Email: [dcristea@shawsabey.com](mailto:dcristea@shawsabey.com)