



ATM Contractors Quick Indication Sheet

CLIENT PROFILE				
Business Name (Enter owner name only if no DBA)				
DBA:			Contractors License No:	
Mailing Address				
City	State	Zip Code	Business Phone	
Form of Business			Business Fax	
Proprietorship	Partnership	Corporation	LLC	Other
			Business Email	
Check if Premises (Street Address) is different from the mailing address				

Owner 1			
First Name	Last Name	Years Construction Experience	
Owner 2			
First Name	Last Name	Years Construction Experience	
Owner 3			
First Name	Last Name	Years Construction Experience	

Proposed Effective Date:			
State: CA	Zip Code:		
Classification:			

Optional Coverages			
Blanket Additional Insured	Identity Recovery	Data Compromise	
Contractor Tools & Equipment	Contractors Installation	Computer Equipment	
Business Personal Property	Buildings & Business Income	Miscellaneous Coverage	
Hired & Non Owned Auto <small>Available in: AZ, OR, WA, NV, ID, NM, WY, MT</small>			

Available Limits			Years Consecutively Licensed
300/600	500/1000	1000/2000	
Deductibles			No. of Employees
\$500	\$1,000	\$2,500	

Exposures				
Class Code	No. of Active Owners	Employee Payroll (Excluding Owners)	Subcontractor Costs	Gross Sales
Description of Operations				

Email application to contractors@atminsurance.com