

**ONYX Financial & Insurance Services specializes in helping contractors save thousands on their General Liability, Worker's Comp, and Commercial Auto
We have the best rates from the top carriers!**

Contact: _____ Company: _____ Contractor Lic. #: _____
 Fax: _____ PH: _____ eMail: _____

☺ **GETTING A QUOTE IS SIMPLE!** ☺

Simply fax us the info below OR fax a completed form of another insurance company OR call us!

Fax back to: 866-560-3736 OR Call 1-800-493-0727

1. Type of work does your company performs: _____

PLEASE GIVE ESTIMATES FOR THE NEXT 12 MONTHS. SO THAT YOU DON'T OVER-PAY, ESTIMATE LOW FOR GROSS RECEIPTS. NOTE: REMODEL IS A LOWER RATE THAN NEW AND COMMERCIAL IS A LOWER RATE THAN RESIDENTIAL. MOST CARRIERS CONSIDER APARTMENTS COMMERCIAL.

2. Gross receipts for the current policy year (add the estimated remaining months if needed) \$ _____.
3. New policy year estimated Annual Gross Receipts: \$ _____ Annual Sub-Out Costs (\$ you will pay all subs): \$ _____
4. New Const.: ___% Remodel: ___% Repair/Service: ___% TOTAL SHOULD = 100%
5. Give percentage of total sales for each: Commercial (non-apartments): ___% Apartments: ___%
 Single family homes: ___% Condos: ___% Tract Homes: ___% Schools: ___%
 Industrial (bridges, roads, non-building structures): ___%
6. Employee annual payroll (in the field **ONLY**): \$ _____ (do not include the owner). Will this increase this year? YES/NO/MAYBE
7. Number of Full-Time Employees (AVG. in the field **ONLY**): _____ Part-Time Employees (field only): _____
8. Any claims in the past three years? YES NO If YES, when?: _____
 Description of claim (s): _____.
9. Current General Liability Carrier: _____ Expiration Date: _____
10. Current Premium \$ _____ Current broker(company name): _____
11. General Liability Limits Requested per occurrence: \$500K/\$1Mil/\$2Mil Per aggregate: \$500K/\$1Mil/\$2Mil
12. ¹Additional Insured Endorsements required? YES NO If YES, how many?: ___ **AND see next page.**

Please check the products/services you are interested in:

- INCORPORATING (ONLY \$480) GENERAL LIABILITY WORKER'S COMP
- PAYROLL SERVICE (combined w/worker's comp) BONDS COMMERCIAL PROP. (tools, buildings., equip., etc.)
- HEALTH INSURANCE LIFE INSURANCE COMMERCIAL AUTO COURSE OF CONSTRUCTION
- RETIREMENT ACCOUNTS Aflac



... the difference is in black & white

ONYX Financial & Insurance Services
P.O. BOX 602, Carlsbad, CA 92018
Phone: 800-493-0727 - Fax: 866-560-3736
CA Ins. Lic. #: 0A23019
info@onyxmoney.com

ADDITIONAL INSURED REQUESTS

If you do require ¹additional insured (AI) endorsements, please answer the questions below.

1. Any higher limits required (i.e. - \$3 mil., \$4 mil.)? Circle one: YES / NO / NOT SURE. If, YES, limit: ____
2. Any ²Special Wording requests on Additional Insureds? circle one: YES / NO / NOT SURE.
3. Any ³Waiver of Subrogation requests? circle one: YES / NO / NOT SURE
4. Any ⁴Special Form requests? circle one: YES / NO / NOT SURE If, YES, form(s): _____
5. Any ⁵Primary Wording requests on Additional Insureds? circle one: YES / NO / NOT SURE.
6. Are you or do you anticipate doing any work with schools, local, state, or federal governments? (circle each)
7. Any special ⁶A.M. Best rating requests? circle one: YES / NO / NOT SURE If, YES, rating req'd: ____
8. **Roofers ONLY:**

CHECK THE TYPE OF ROOFING OPERATIONS PERFORMED BY YOUR COMPANY

- Hot tar, give percentage of total work _____% Torch down, give percentage of total work _____%
- Foam, give percentage of total work _____% Tile, give percentage of total work _____%
- Shingles, give percentage of total work _____% Metal, give percentage of total work _____%
- other, explain _____

YOU MUST ANSWER THE FOLLOWING QUESTIONS IF DOING ANY HOT TAR OR TORCH DOWN WORK:

1. Do you have at least three years experience using these methods? yes no
2. Is a fully charged ABC fire extinguisher on the roof while work is being done? yes no
3. Do you remain on the job at least two hours after work completion? yes no
4. Do you use a thermal barrier when installing torch applied roofing materials? yes no

Terms:

1. **Additional Insured (AI).** Examples: The property owner, the contractor who hired you as a subcontractor, or the lender. One of these parties is requesting or requiring that you have them listed on an **endorsement** (amends/changes your insurance policy) to include them as insured by your insurance company in case of a claim against them. **Note:** Most General Liability policies will require that when you subcontract out any work, you must have the subcontractor name you and your company as Additional Insured on their policy. In addition, their policy must have at least the same limits as your policy. Your GL policy probably has this requirement. There are normally fees to add an AI.
2. **Special Wording.** Not only do they require that you name them as AI, but they require that your endorsement use special wording. This is mostly common with government jobs. **Note:** Some insurance companies cannot meet certain verbiage requirements. Therefore, if you have a policy that cannot meet those requirements, you may be locked out from bidding it. Some cities may even require special wording to get a permit to build or remodel a home.
3. **Waiver of Subrogation.** An endorsement to a policy whereby an insurer (the insurance company) gives up the right to take action against a third party for a loss suffered by the insured. Example: Your company is named in a claim and your insurance company pays out on that claim. Your insurance company will not be able to sue your Additional Insured or their insurance company (if you've provided them with a waiver of subrogation) even if they were partly at fault or completely at fault.
4. **Special Forms.** There are insurance industry standard forms on which endorsements are written. They each have a unique number. Sometimes a specific form(s) is required because it includes the **Special Wording** that they want to see.
5. **Primary Wording.** Makes this policy your primary policy over any other insurance you hold and over the AI's insurance. This insurance would have to be exhausted (maxed out its limits) before any other policy would have to pay.
6. **A.M. Best Rating.** This is a private, for profit, organization that does an audit of an insurance company to determine its financial strength. The insurance company being audited pays A.M. Best for the service. Some contractors as Lowes or Home Depot may require that you have an A rated carrier. You can read more about the A.M. Best rating system at <http://www.ambest.com/>.

WORKER'S COMPENSATION QUOTE INFORMATION

Please complete the information below **if** you would like a quotation on your worker's compensation.

Total # of owners: _____ FEIN OR SSN: _____ Ex-Mod Factor: _____

Estimated annual payroll for each class on your policy...

CLASS	TYPE OF WORK	ESTIMATED PAYROLL FOR UPCOMING YEAR	FULL TIME EMPLOYEES	HOURLY PAY

Most recent Worker's Comp Carrier _____ Most recent premium: _____

Please also fax us the monthly payroll report you send to your current carrier AND "Loss Runs" for the last 3 years.

We can include payroll services with your Worker's Comp quote. Let us take the HR headaches away so you can focus on what you love to do and what makes you money!

If you DO NOT want to consider payroll services, please here:

Thank you!



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