

Contractor EZ Quote Form

New Mexico Mutual 3900 Singer Blvd. NE Albuquerque NM 87109

* Please complete the General Information, Employee Information and Safety Information sections, along with the Risk Specific sections*

Completed By:	In addition to the supplemental information, please attach the following if applicable: <ul style="list-style-type: none"> • 3 to 5 Year Currently Valued Loss Runs • Associated Premium Figures • Experience Rating Worksheet
Title:	
Date:	

General Information																	
Company Name:	FEIN:	Contractor's License #:															
Number of years experience in this industry:	Number of years managing in this industry:																
Type of work performed and percentage for each: <input type="checkbox"/> Industrial: _____% <input type="checkbox"/> Residential: _____% <input type="checkbox"/> Commercial: _____%																	
Type of work performed and percentage for each: <input type="checkbox"/> Remodel: _____% <input type="checkbox"/> New Construction: _____%																	
Number of Stories Worked and Percentage of Each: <input type="checkbox"/> 1-2 Story Structures: _____% <input type="checkbox"/> 3 or More Story Structures: _____%																	
Maximum Height of Operations: _____ft. Maximum Depth of Operations: _____ft.																	
Business Operations: (Please Check All That Apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Plastering/ Stucco/Masonry (Pg. 4)</td> <td><input type="checkbox"/> Plumbing/HVAC (Pg. 6)</td> <td><input type="checkbox"/> Insulation (Pg. 7)</td> </tr> <tr> <td><input type="checkbox"/> Flooring (Pg. 4)</td> <td><input type="checkbox"/> Electric (Pg. 6)</td> <td><input type="checkbox"/> Concrete (Pg. 7)</td> </tr> <tr> <td><input type="checkbox"/> Roofing (pg. 4)</td> <td><input type="checkbox"/> Utility/Excavation(Pg. 6)</td> <td><input type="checkbox"/> Street/Road/Bridge Work (Pg. 7)</td> </tr> <tr> <td><input type="checkbox"/> Landscaping (Pg, 5)</td> <td><input type="checkbox"/> Painting (Pg. 7)</td> <td><input type="checkbox"/> Demolition < 10% of Operation</td> </tr> <tr> <td><input type="checkbox"/> Carpentry (Pg. 5)</td> <td><input type="checkbox"/> Drywall (Pg. 7)</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>			<input type="checkbox"/> Plastering/ Stucco/Masonry (Pg. 4)	<input type="checkbox"/> Plumbing/HVAC (Pg. 6)	<input type="checkbox"/> Insulation (Pg. 7)	<input type="checkbox"/> Flooring (Pg. 4)	<input type="checkbox"/> Electric (Pg. 6)	<input type="checkbox"/> Concrete (Pg. 7)	<input type="checkbox"/> Roofing (pg. 4)	<input type="checkbox"/> Utility/Excavation(Pg. 6)	<input type="checkbox"/> Street/Road/Bridge Work (Pg. 7)	<input type="checkbox"/> Landscaping (Pg, 5)	<input type="checkbox"/> Painting (Pg. 7)	<input type="checkbox"/> Demolition < 10% of Operation	<input type="checkbox"/> Carpentry (Pg. 5)	<input type="checkbox"/> Drywall (Pg. 7)	<input type="checkbox"/> Other: _____
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Note - If box is checked, please complete the EZ Quote sections that apply to the applicant.																	
What is the typical size of the crew? _____ Is there an onsite foreman? <input type="checkbox"/> Yes <input type="checkbox"/> No																	

Does the applicant have a permanent yard? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant provide 24 hour services? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the radius of operations: Usual: _____ miles Maximum: _____ miles
What is the number of company owned vehicles? _____ <input type="checkbox"/> N/A Is group transportation provided (4 or More per Vehicle)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often is group transportation provided? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other: _____
Additional Exposures: (Please Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Asbestos <input type="checkbox"/> Demolition > 10% of Operation <input type="checkbox"/> Explosives </div> <div style="width: 45%;"> <input type="checkbox"/> Mold Remediation <input type="checkbox"/> Nuclear Waste <input type="checkbox"/> Radio Active Material </div> </div> <p>*Note - The following exposures are excluded from NM Mutual's underwriting risk appetite.*</p>

Employee Information
How many employees are on staff: Full time: _____ Part time: _____
How are employees paid? (Please Check All That Apply) <input type="checkbox"/> W-2' S <input type="checkbox"/> 1099's <input type="checkbox"/> Cash <input type="checkbox"/> Other: _____
What percentage of the work is subcontracted? _____%
If subcontractors are used, are Certificates of Insurance obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No <p><small>* Please note: Premiums must be paid on uninsured subcontract labor *</small></p>
If certificates are not obtained, what amount of payroll should be added for uninsured contract labor? <div style="display: flex; flex-direction: column; gap: 5px;"> <div>• Class Code: _____ Payroll: _____</div> <div>• Class Code: _____ Payroll: _____</div> <div>• Class Code: _____ Payroll: _____</div> </div>
Please check all hiring practices utilized by the applicant: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Applicant Interviews <input type="checkbox"/> Background Check <input type="checkbox"/> Drug Testing/Screening <input type="checkbox"/> Medical Questionnaires </div> <div style="width: 45%;"> <input type="checkbox"/> Post-Offer Physicals <input type="checkbox"/> Reference Checks <input type="checkbox"/> New Employee Orientation <input type="checkbox"/> Other: _____ </div> </div>
Are CDL licenses required? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, are they verified annually? <input type="checkbox"/> Yes <input type="checkbox"/> No

Safety Information

Is a safety program utilized in the workplace? ☐ Yes ☐ No **If yes, is the program?** ☐ Written ☐ Verbal

Does the safety program address/include:

(Please Check All that Apply)

- | | |
|---|---|
| <input type="checkbox"/> Accident/Injury Investigation | <input type="checkbox"/> Routine Safety Inspections |
| <input type="checkbox"/> Ladder Tie Offs | <input type="checkbox"/> Safety Committee/Safety Officer |
| <input type="checkbox"/> Lock Out/ Tag Out Procedures | <input type="checkbox"/> Safety Data Sheets (SDS) |
| <input type="checkbox"/> Machine Guards (including power tools) | <input type="checkbox"/> Safety Incentive Program |
| <input type="checkbox"/> Onsite Supervisor | <input type="checkbox"/> Safety Orientation |
| <input type="checkbox"/> OSHA Training | <input type="checkbox"/> Substance Abuse Awareness Training |
| <input type="checkbox"/> Personal Fall Protection | <input type="checkbox"/> Third Party Safety Company |
| <input type="checkbox"/> Progressive Disciplinary Action Plan | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Return to Work Program | |

Please check the personal protective equipment that is enforced:

(Please Check All That Apply)

- | | |
|---|--|
| <input type="checkbox"/> Dust Masks | <input type="checkbox"/> Rubber Boots |
| <input type="checkbox"/> Eye Protection | <input type="checkbox"/> Respirators (including fit tests) |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Safety Vests |
| <input type="checkbox"/> Hard Hats | <input type="checkbox"/> Steel Toe Boots |
| <input type="checkbox"/> Hearing Protection | <input type="checkbox"/> Other: _____ |

Please check all OSHA guidelines that apply:

- | | |
|--|--|
| <input type="checkbox"/> Confined Spaces | <input type="checkbox"/> Sloping |
| <input type="checkbox"/> Chemical/Solvent Storage (GHCS) | <input type="checkbox"/> Signs, Signals and Barricades |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Trenching |
| <input type="checkbox"/> Overhead Protection | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Scaffolding | <input type="checkbox"/> Other: _____ |

Does the driving program address/include:

(Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Cell Phone Usage | <input type="checkbox"/> Progressive Disciplinary Plan |
| <input type="checkbox"/> Impaired/Aggressive/Distracted Driving | <input type="checkbox"/> Mandatory Seat Belt Usage |
| <input type="checkbox"/> Initial and Routine MVR Checks | <input type="checkbox"/> Vehicle Tracking Device |

Does the applicant perform regular safety training? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Does the applicant perform regular tailgate/tool box safety meetings? ☐ Yes ☐ No

If yes, identify the frequency:

☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ Other: _____

Please identify the individual responsible for safety training and their title:

Name: _____ Title: _____

Please Complete the Associated Sections Specific to the Operations

Plastering/Stucco/Masonry Operations

Where is work performed?

☐ Interior ☐ Exterior ☐ Both

Please provide a percentage of work performed for each operation:

Plaster: _____ % Stucco: _____ % Lath: _____ % Masonry: _____ %

If lath work is performed, are proper time wage records kept for each operations? ☐ Yes ☐ No

Flooring

Type of flooring Installed : (Please check all that apply)

☐ Carpet ☐ Concrete ☐ Cork ☐ Laminate ☐ Tile/Marble ☐ Other: _____

Where is work performed?

☐ Interior ☐ Exterior ☐ Both

Roofing Operations

What type of roof material does the applicant install?

☐ Concrete Tile ☐ Metal ☐ Spanish Tile
☐ Foam/Spray ☐ Sand and Gravel ☐ Other: _____
☐ Hot Tar ☐ Shingle

What percentage of work is: Flat _____ % Pitched _____ %

How are materials transported above ground level?

Landscaping Operations

Please check all work performed:

- | | |
|--|--|
| <input type="checkbox"/> Excavation/Filling | <input type="checkbox"/> Sod/Gravel/Plant Installation |
| <input type="checkbox"/> Tree Pruning/Trimming Above Ground | <input type="checkbox"/> Tree Removal/ Stump Removal |
| <input type="checkbox"/> Tree Pruning/Trimming At Ground Level | <input type="checkbox"/> Artificial Turf |
| <input type="checkbox"/> Fumigating | <input type="checkbox"/> Surface Preparation for Artificial Turf |
| <input type="checkbox"/> Sprinkler/Drip System Installation | <input type="checkbox"/> Nursery/Sod Dealers |
| <input type="checkbox"/> Park/Lawns/ Grounds Maintenance Only | <input type="checkbox"/> Off Season Work (Example: Christmas Lights) |
| <input type="checkbox"/> Handyman/Additional Services (specify): _____ | |

What percentage of work is:

Landscaping Maintenance _____% New Landscaping _____%

Check all equipment used:

(Please check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Aerators | <input type="checkbox"/> Chain Saws | <input type="checkbox"/> Trenchers |
| <input type="checkbox"/> Augers | <input type="checkbox"/> Lawn Mowers | <input type="checkbox"/> Trimmers |
| <input type="checkbox"/> Backhoes | <input type="checkbox"/> Reciprocating Saw | <input type="checkbox"/> Weed Eaters |
| <input type="checkbox"/> Bobcats | <input type="checkbox"/> Sod Cutters | <input type="checkbox"/> Wood Chippers |
| <input type="checkbox"/> Bucket Trucks | <input type="checkbox"/> Thatcher | <input type="checkbox"/> Other: _____ |

Are proper time wage records kept for each operation? ☐ Yes ☐ No

Carpentry Operations

Please check all work performed:

- | | |
|--|--|
| <input type="checkbox"/> Cabinet Work | <input type="checkbox"/> Trim Work |
| <input type="checkbox"/> Counter Tops | <input type="checkbox"/> Window Installation |
| <input type="checkbox"/> Door Installation | <input type="checkbox"/> Wood Flooring |
| <input type="checkbox"/> Framing | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Roofing Work | |

Are employees installing trusses? ☐ Manually ☐ Mechanically ☐ N/A

Are skylights and other openings protected by railings while employees are working on roof surfaces?

☐ Yes ☐ No

Are proper time wage records maintained for each operation? ☐ Yes ☐ No

* Please note: Carpentry trim work performed with any other carpentry operations at the same job or location will be included in the governing code that applies to that job.*

Plumbing/HVAC Operations

Please check all work performed:

- | | |
|--|--|
| <input type="checkbox"/> Asbestos Removal from Pipes | <input type="checkbox"/> Plumbing for HVAC |
| <input type="checkbox"/> Boiler Installation and Repair | <input type="checkbox"/> Portable Air Conditioning Units |
| <input type="checkbox"/> Duct Cleaning | <input type="checkbox"/> Septic Tank Installation |
| <input type="checkbox"/> Fabrication of ducts for others | <input type="checkbox"/> Sewer Construction |
| <input type="checkbox"/> Gas/Water Main Construction | <input type="checkbox"/> Solar Panel Installation |
| <input type="checkbox"/> Irrigation/Drainage System Installation | <input type="checkbox"/> Sprinkler Installation within Buildings |
| <input type="checkbox"/> Pipe Fitting for Appliances | <input type="checkbox"/> Other: _____ |

How are material transported above ground level? ☐ N/A

Electrical Operations

Please check all work performed:

- | | |
|---|--|
| <input type="checkbox"/> Alarm Installation | <input type="checkbox"/> Overhead Garage Doors |
| <input type="checkbox"/> Cable (T.V, Phone, Internet) | <input type="checkbox"/> Overhead Power Lines |
| <input type="checkbox"/> Conduit Work | <input type="checkbox"/> Pump Installation |
| <input type="checkbox"/> High Voltage Cable or Wiring | <input type="checkbox"/> Tower Work |
| <input type="checkbox"/> Light Poles | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Low Voltage Cable or Wiring | |

Where is the work performed? ☐ Interior ☐ Exterior ☐ Other: _____

Utility/Excavation Operations

Please check all work performed:

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Cable | <input type="checkbox"/> Sewer Lines |
| <input type="checkbox"/> Electric Lines | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Fiber Optics | <input type="checkbox"/> Water Lines |
| <input type="checkbox"/> Gas Lines | <input type="checkbox"/> Other: _____ |

Where is the work performed?

☐ Above Ground Level ☐ Below Ground Level ☐ Other: _____

How are materials transported above ground level? ☐ N/A

Painting/Drywall/Insulation Operations

What percentage of work is: ☐ Interior: _____% ☐ Exterior: _____%

Please check all work performed:

☐ Latex Base Painting ☐ Powder Coating ☐ Sand Blasting
☐ Lead Paint Removal ☐ Oil- Base Painting ☐ Other: _____

What type of insulation is installed?

☐ Blown In ☐ Fireproofing Insulation ☐ Rock Wool
☐ Cellulose ☐ Spray Foam ☐ Other: _____
☐ Fiberglass

How are materials transported above ground level? ☐ N/A

Concrete Operations

Please check all work performed:

☐ Concrete Panel Installation ☐ Curb/Driveways/Sidewalks
☐ Concrete Pumping ☐ Gunnite Work
☐ Concrete Structures (i.e. parking structures) ☐ Street/Road Work
☐ Concrete Tilt Up Work ☐ Swimming Pool Construction
☐ Concrete Work for 1-2 Single Family Dwellings ☐ Other: _____

Are chemicals, acids or epoxies used for concrete treatments? ☐ Yes ☐ No

Are proper time wage records maintained for each operation? ☐ Yes ☐ No

Street/Road/Bridge Operations

Please check all work performed:

☐ Bridge Work ☐ Forest Clearing For Roads
☐ Beautification Work ☐ Forest Clearing For Utilities
☐ Culvert Work Exceeding 10 ft. of Clearance ☐ Painting for Streets
☐ Culvert Work Less Than 10ft. of Clearance ☐ Other: _____
☐ Forest Clearing For Fires

Is the risk responsible for traffic control? ☐ Yes ☐ No

Does the insured perform sub-surface work? ☐ Yes ☐ No

Thank you for completing New Mexico Mutual's Underwriting' EZ Quote Form. Please return this form to your assigned underwriter and we will review your account for our best pricing options.