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WBE Participation Request Form
submit via e-mail to: WBE@MJSIS.COM

Contractor _____

Requested by _____ PROJECT BID DATE _____

PROJECT NAME _____

Project Address
 INCLUDING City, ST _____

Estimated Contract Amount _____ Estimated Subcontractor Cost _____

**Please provide a breakdown of your trades (if any) and Estimated Payroll Amounts for each Trade.
 Please refer to your Workers Comp and General Liability Policies**

<u>Trade Description</u>	<u>Estimated Payroll</u>	<u>Trade Description</u>	<u>Estimated Payroll</u>

To request Premium Quotes, Please mark boxes for each Lines of Business needed for this bid

<u>Line of Business</u>	<u>Approximate Premium</u>	<u>Notes</u>
Performance and Payment Bond		Please provide Bond Request Form
Workers Comp		Quote will be based upon your current policy limits unless specifications are provided
General Liability		Quote will be based upon your current policy limits unless specifications are provided
OCP Owner/Contractor Policy		If premium quote is required, please provide the Insurance Specifications for review
Builders Risk		Please submit Builders Risk request form
Builders Risk Deductible BUY BACK		Please submit Builders Risk request form
Professional Liability		If premium quote is required, please provide the Insurance Specifications for review
Pollution Liability		If premium quote is required, please provide the Insurance Specifications for review
OTHER (Describe)		

TOTAL: _____

M.J. Schuetz Insurance Services Disclaimer: Quotes provided are based upon information as provided to our agency and are ESTIMATES ONLY. Final Premiums will be determined by your insurance company and/or your surety company, subject to the review of your finalized contract price and costs.