

Carrier Required Forms

Pacific Insurance Co - Advantage Contractor GL

APPLICATION ID

694E7168

DATE

12/26/2025

CARRIER

Pacific Insurance Co

APPLICANT INFORMATION

COMPANY NAME

hb

DBA

self

ENTITY TYPE

Corporation

COMPANY FEIN

CONTACT NAME

hb bb

PHONE

(121) 332-3232

EMAIL

hb@gmail.com

BUSINESS ADDRESS

www, los angeles, California 00000

BUSINESS INFORMATION

Estimated Gross Receipts

50000

Years in Business

5

Class Codes & Work Distribution

CLASS CODE

DESCRIPTION

% OF WORK

General Contractor (New Residential)

Class Code Description

100%

REQUIRED FORMS CHECKLIST

- Application Form (Completed)
- Risk Assessment Questionnaire
- Underwriting Information Form
- Loss History Statement
- Additional Documentation (if required)

CERTIFICATION & AUTHORIZATION

I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that any misrepresentation or omission may result in denial of coverage or cancellation of the policy.

I authorize the carrier and its representatives to obtain any additional information necessary for underwriting purposes, including but not limited to credit reports, loss history, and business records.

SIGNATURE

By signing below, I acknowledge that I have reviewed all information provided and certify its accuracy:

Applicant Signature

Date

Print Name

Title

Important: Please complete all required forms and return them to your agency. Incomplete forms may delay the underwriting process.