

RENEWAL QUESTIONNAIRE

Please complete all fields and fax form to our office at: 916-985-3775

Company Name: _____

1) **Gross Receipts:** Last 12 months: \$ _____

Estimate for the next 12 months: \$ _____

2) **Employee Payroll:** Last 12 months: \$ _____

Estimate for the next 12 months: \$ _____

3) **Number of owners in the field:** # _____ **# of field employees:** P/T _____ F/T _____

4) **Subcontracted work:** Last 12 months: \$ _____

Estimate for the next 12 months: \$ _____

What trades do you sub out to others? _____

5) Describe your current operations:

6) **Residential:** _____% + **Commercial:** _____% + **Industrial:** _____% = **100%**

7) **New Const:** _____% + **Remodel/Addition:** _____% + **Service/Repair:** _____% = **100%**

8) **What % of your Total Receipts comes from?**

New Apartments? _____% Describe: _____

New Tract Homes? _____% Describe: _____

New Condos? _____% Describe: _____

Any work performed for HOA's? _____ if yes, describe: _____

9) **Have you or will you work on the following type of structures or projects:** Yes _____ No _____

- | | | |
|-----------------|--------------------------------|------------------------------------|
| 1. Hospitals | 4. Public Road work | 7. Framing only as a subcontractor |
| 2. Gas Stations | 5. Student Dormitories | 8. Exterior work over 3 stories |
| 3. Airports | 6. Residential Care Facilities | |

Please describe:

10) **Do you need coverage for tools and equipment?** Yes _____ No _____

Total Value: \$ _____ Description: _____

11) **Can we help you with other lines of insurance such as?** Yes _____ No _____

- | | |
|------------------------|---------------------------|
| Workers Comp | Umbrella/Excess Liability |
| Commercial Auto | Property |
| Course of Construction | Bonds |

Signature _____

Date _____