

New Business Questionnaire Form - Construction Business

Complete the form below with the information required. If you have a question regarding the information requested, please call Brad Davis at 469-634-0006. Questions left blank requires the insurance company to make assumptions which may cost you money in additional premium.

Once complete, please email the completed form back to Brad at brad@onesourceins.com.

<u>Business Name:</u>	
<u>EIN Number:</u>	
<u>Company Formation:</u> <i>(Proprietorship, LLC, Corporation)</i>	
<u>Company Website:</u>	
<u>Company Address:</u>	
<u>Mailing Address</u> (if different):	
<u>Company Phone Number:</u>	
<u>Contact Name:</u>	
<u>Contact Phone Number:</u>	
<u>Contact Email Address:</u>	
<u>Description of Services Offered:</u>	
<u>Years of Experience in this Industry:</u>	
<u>Gross Sales for last 12 Months:</u>	
<u>Number of Jobs per Year:</u>	
<u>Average Cost per Job:</u>	
<u>Describe 3 Largest Jobs Last Year:</u>	
<u>Employee Payroll for last 12 Months:</u> <i>(Include traditional employees and individuals receiving 1099's who do not carry General Liability Insurance)</i>	
<u>Insured Sub-Contractor Costs for the last 12 months:</u> <i>(Include individuals or companies that have own employees and General Liability Insurance, COI's should be kept on file)</i>	

New Business Questionnaire Form, *continued*

<u>Gross Sales 1st Prior Year:</u>	
<u>Gross Sales 2nd Prior Year:</u>	
<u>Gross Sales 3rd Prior Year:</u>	
<u>Projected Gross Sales for Upcoming Year:</u>	
<u>Employee Payroll 1st Prior Year:</u>	
<u>Employee Payroll 2nd Prior Year:</u>	
<u>Employee Payroll 3rd Prior Year:</u>	
<u>Projected Employee Payroll for Upcoming Year:</u>	
<u>Insured Sub-Contractor Costs 1st Prior Year:</u>	
<u>Insured Sub-Contractor Costs 2nd Prior Year:</u>	
<u>Insured Sub-Contractor Costs 3rd Prior Year:</u>	
<u>Projected Insured Sub-Contractor Costs for Upcoming Year:</u>	
Do you collect <u>Certificates of Insurance</u> from all Sub-Contractors verifying General Liability and Worker's Compensation Insurance?	
Are <u>Contracts signed</u> before Sub-Contractors begin work that includes a <u>"Hold Harmless" agreement</u> relative to work performed by the Sub-Contractor?	
Years with <u>Continuous General Liability Insurance</u> and most Recent Annual Premium: <i>(Loss runs will be required to bind coverage quoted.)</i>	
<u>Breakdown Business Operations by Percentage</u> in the following Categories:	
Commercial – not over 2 stories	
Commercial – over 2 stories	
Residential – single family or duplex – not over 2 stories	
EPDM	
PVC	
Modified PVC	
Other – Please Describe	

New Business Questionnaire Form, *continued*

<p>Does your Operation Include any of the following? If so, please describe and include Gross Sales from Operations:</p> <p style="padding-left: 40px;">Condominiums or Townhouses (new, repair) Apartments (new construction, repair) Tract Homes (number in tract)</p>	
<p>For Roofing Operations, Are any of the Following Used? If so, please describe and include Gross Sales from Operations:</p> <p style="padding-left: 40px;">Hot Tar Torch Down Hot Air Welding Modified Bitumen Spray Method</p>	
<p>Any Operations in the Following:</p> <p style="padding-left: 40px;">Waterproofing Flame Related Service Asbestos Removal Rain Gutters Mold Remediation Carpentry Insulation</p>	
<p>Describe the Procedure Utilized to Determine Possibility of <u>Inclement Weather</u> and <u>Open Roof Protection</u>:</p>	
<p>Do you provide <u>Worker's Compensation coverage</u> to your employees?</p>	
<p>Describe <u>Loss Control Measures</u> in Place at Job Site or with Employees that is Important an Insurance Company knows regarding your Operations:</p>	
<p>Any <u>Additional Business Details</u> you would like to include in the application for insurance:</p>	

Thank you for completing the questionnaire. Please email the completed form back to Brad at brad@onesourceins.com