

## 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@1source-insurance.net](mailto:brad@1source-insurance.net).

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

## New Business Questionnaire Form, *continued*

<b><u>Gross Sales 1<sup>st</sup> Prior Year:</u></b>	
<b><u>Gross Sales 2<sup>nd</sup> Prior Year:</u></b>	
<b><u>Gross Sales 3<sup>rd</sup> Prior Year:</u></b>	
<b><u>Projected Gross Sales for Upcoming Year:</u></b>	
<b><u>Employee Payroll 1<sup>st</sup> Prior Year:</u></b>	
<b><u>Employee Payroll 2<sup>nd</sup> Prior Year:</u></b>	
<b><u>Employee Payroll 3<sup>rd</sup> Prior Year:</u></b>	
<b><u>Projected Employee Payroll for Upcoming Year:</u></b>	
<b><u>Insured Sub-Contractor Costs 1<sup>st</sup> Prior Year:</u></b>	
<b><u>Insured Sub-Contractor Costs 2<sup>nd</sup> Prior Year:</u></b>	
<b><u>Insured Sub-Contractor Costs 3<sup>rd</sup> Prior Year:</u></b>	
<b><u>Projected Insured Sub-Contractor Costs for Upcoming Year:</u></b>	
Do you collect <b><u>Certificates of Insurance</u></b> from all Sub-Contractors verifying General Liability and Worker's Compensation Insurance?	
Are <b><u>Contracts signed</u></b> before Sub-Contractors begin work that includes a <b><u>"Hold Harmless" agreement</u></b> relative to work performed by the Sub-Contractor?	
Years with <b><u>Continuous General Liability Insurance</u></b> and most Recent Annual Premium: (Loss runs will be required to bind coverage quoted.)	
<b><u>Breakdown Business Operations by Percentage</u></b> 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 <b>Operation Include any of the following?</b> If so, please describe and include Gross Sales from Operations:</p> <p>Condominiums or Townhouses (new, repair)</p> <p>Apartments (new construction, repair)</p> <p>Tract Homes (number in tract)</p>	
<p>For <b>Roofing Operations</b>, Are any of the Following Used? If so, please describe and include Gross Sales from Operations:</p> <p>Hot Tar</p> <p>Torch Down</p> <p>Hot Air Welding</p> <p>Modified Bitumen</p> <p>Spray Method</p>	
<p>Any <b>Operations in the Following:</b></p> <p>Waterproofing</p> <p>Flame Related Service</p> <p>Asbestos Removal</p> <p>Rain Gutters</p> <p>Mold Remediation</p> <p>Carpentry</p> <p>Insulation</p>	
<p>Describe the Procedure Utilized to Determine Possibility of <b><u>Inclement Weather</u></b> and <b><u>Open Roof Protection</u></b>:</p>	
<p>Do you provide <b><u>Worker's Compensation coverage</u></b> to your employees?</p>	
<p>Describe <b><u>Loss Control Measures</u></b> in Place at Job Site or with Employees that is Important an Insurance Company knows regarding your Operations:</p>	
<p>Any <b><u>Additional Business Details</u></b> 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@1source-insurance.net](mailto:brad@1source-insurance.net).