



845-986-2211 ph
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Thank you for the opportunity to review your insurance program.

In order to obtain an indication for your company Please Provide the following information.

- 1) **Written explanation of your scope of work, including Territory, type, duration of projects (if Applicable)**
- 2) **Resumes on principals as well as any key employees**
- 3) **Loss information (if available) for the last 4 years**
- 4) **Completion of supplemental applications (if Applicable)**
- 5) **Construction, Year built, Square footage of your location**
- 6) **Federal ID number(s) and/ or Social Security number**
- 7) **Drivers Schedule including Name, Date of Birth, and License #'s (Auto Coverage)**
- 8) **Payroll and gross sales**
- 9) **Copy of current policies**
- 10) **Copy of Hold harmless/ Indemnity agreement**
- 11) **List of last 5 completed project including the completed costs**
- 12) **Equipment schedule including year, make, serial # and cost to replace**
- 13) **Vehicle schedule, including, year, make, model, cost new & GVW**