

**PROPERTY & LIABILITY AND WORKERS COMPENSATION INSURANCE
PACKAGE QUESTIONNAIRE FOR RESTORATION CONTRACTORS**

A. Applicant Information:

Name	
Physical Address	
Contact	
Phone Number	
Federal ID #	
Year Established	
Description of Operations	
Are you certified for water and /or mold restoration?	
Annual Sales/Receipts/Revenue	
Revenue from water or drying	
Revenue from mold remediation	

B. Property:

Building							
Owner or Tenant							
Year Built							
Total Square Footage							
Area Occupied (%)							
Construction (please check box)	<table border="0"> <tr> <td>Frame</td> <td>Non-Comb</td> <td>Mod Fire Resist</td> </tr> <tr> <td>Masonry</td> <td>Fire Resist</td> <td>Joisted Mason</td> </tr> </table>	Frame	Non-Comb	Mod Fire Resist	Masonry	Fire Resist	Joisted Mason
Frame	Non-Comb	Mod Fire Resist					
Masonry	Fire Resist	Joisted Mason					
# of stories							
Value of Bldg (if own)							
Personal Property							
Value of Office Contents							
Value of Computer Equipment & Software							

C. Automobile: If the company owns vehicles provide a listing of vehicles showing year, make, model, and original cost new. Also provide a list of drivers with name, date of birth, driver's license number, and state of issue.

Year	Make	Model	New Cost	Drivers Name	DOB	DL #	State

D. Workers' Compensation:

State	Class Code	Duties / Classifications	Full Time	Part Time	Payroll

Partners, Officers, Relatives to be included or excluded.

Name	Age	Title	Ownership %	Inc / Exc	Class Code	Payroll

E. Loss Information:

Any known losses on any line of insurance coverage in past five years? (if so, please include current loss run detail)	
Latest Experience Modifier (if known)	

F. Current Premium:

Automobile _____
 Boiler & Machinery _____
 General Liability _____
 Property _____
 Workers' Compensation _____

E-Mail Address: _____