

Please complete this survey form and fax it to the Cambridge Insurance Center. (Fax # 763-689-2816) or Email jeffstahnke@sherbtel.net. Upon receipt we will send and / or email you a written quotation. We may also need to call you to ask additional questions. This is only a request for a no-obligation quotation. It is not an application for a policy and does not provide any coverage what-so-ever.

DRYWALL CONTRACTOR BUSINESS SURVEY FORM

Your Name _____		Date _____	
Business name _____			
Street _____		Town _____	State _____ Zip _____
Business Phone _____		FAX _____	Home Phone _____
Cell phone _____		Email _____	

How many years has business been in operation? _____ Percentage of work in MN _____ %
 Business is: Single proprietorship? , Partnership , Corporation , LLC Business is:
 part-time, full time

Number of **active owners/ partners/ officers**: # _____
 Owner #1: Annual salary \$ _____ Job description (in field, clerical, sales, etc.) : _____
 Owner #2: Annual salary \$ _____ Job description (in field, clerical, sales. etc.): _____
 Owner #3: Annual salary \$ _____ Job description (in field, clerical, sales; etc.): _____

Number of EMPLOYEES other than owners/ partners/ officers	#
Total payroll of all field employees (don't include owners)	\$
Total payroll of outside sales employees (don't include owners)	\$
Total payroll of all clerical employees (don't include owners)	\$
Annual receipts I sales (gross money received)	\$
Annual money paid to sub-contractors	\$

What percentage of your business is from ...

Drywall installation & repair _____ % spackling _____ % framing _____ %
 Tile work _____ % finish carpentry _____ %
 Any other type of work, please describe: _____
 Any snowplowing / snow removal Yes, No
 TYPE OF WORK DONE: Residential _____ %. Commercial _____ %

List commercial autos used: Indicate gross vehicle weight (G\VV) when over 10,000 lbs

Yr _____	make _____	model _____	cost new\$ _____	GVW _____
yr _____	make _____	model _____	cost new\$ _____	GVW _____
yr _____	make _____	model _____	cost new\$ _____	GVW _____
yr _____	make _____	model _____	cost new\$ _____	GVW _____

Please complete. This is extremely helpful to us

Do you currently carry general liability insurance Y/N If yes, please indicate your current insurance company (not agency), and expiration date. _____

Have you had any business liability or commercial auto claims in the past 3 years? Yes; No If so; please describe: _____
