



PLEASE COMPLETE FULLY FOR PROMPT SERVICE

BUSINESS PROFILE

Business Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Any change in operations: Yes No If yes, advise changes: _____
 Any name, ownership, form of business (corporation, LLC, etc.) or address changes? Yes No
 If yes, advise changes: _____

OPERATIONS PROFILE

Work performed – Totals must equal 100%

% OF OPERATIONS AS
 General Contractor _____%
 Sub-contractor _____%
 Artisan-contractor _____%
 100%

FIELD OF WORK
 Residential _____%
 Commercial _____%
 Industrial/Mfg. _____%
 Institutional _____%
 100%

% OF WORK IN & OUT
 Inside _____%
 Outside _____%
 100%
 Outside Work maximum height: _____

% OF RESIDENTIAL WORK
 *New Construction _____%
 Structural Remodel/Addition _____%
 Non-Structural Remodel/Addition _____%
 Service & Repair _____%
 100%

% OF COMMERCIAL WORK
 New Construction _____%
 Structural remodel/addition _____%
 Non-Structural Remodel _____%
 Repair Service _____%
 100%

*Residential New construction, if any please give details: _____

Have you done or will you do any work on condos, townhouses, apartments or tracts **except** for repair or remodeling of not more than one unit? Yes No If yes, please explain: _____

Maximum number of: _____ Jobs completed per year _____ Jobs running at the same time
 _____ New homes built per year _____ Jobs on homes valued over \$1 million

ESTIMATES FOR NEXT 12 MONTHS

Owners Active in the Field: _____ **Field Employees: Full Time** _____ **Part-time** _____

Payroll of Field Employees (not including owners, clerical or sales)	Gross Sales	Subcontractor Cost (total costs)	Casual Labor or Leased Employees
\$	\$	\$	\$

Classifications: Please list GL CLASS CODES & PERCENT of PAYROLL performed by your employees if relevant:

Code	%	Code	%	Code	%	Code	%	Code	%

If you use subcontractors please list the trades you use or plan to use within the next year: _____

a) Do you have a hold harmless agreement in your favor and have them name you as an additional insured with limits of liability equal to or greater than yours? Yes No

b) Do you collect certificates from all subcontractors? Yes No If yes, what limits are required: _____

c) How many Additional Insured Certificates do you anticipate needing to issue in the next 12 months: _____

3 LARGEST CURRENT/PLANNED JOBS

Date	Description of Work	Gross Receipts

Do any persons or entities named in the application:

Have knowledge of any existing problem or construction defect on one of your jobs that may potentially give rise to any future claim or legal action against such person or entity? Yes No

Have any lawsuits or arbitrations or disputes pending in which a lawyer is assisting you? Yes No

Filed any mechanics liens against customers? Yes No

OPTIONAL COVERAGE

I AM ALSO INTERESTED IN (Select all that apply)

- Workers Compensation
- Business Auto
- Tools & Equipment
- Office, Shop & Yard Contents
- Installation Coverage
- Health Insurance
- Loss of Income
- Disability / Life

AGENCY GRADE CARD

Your input is valuable in helping us provide better service to you in the future. Please take a moment to tell us how we're doing.

1. If you had to grade our agency's overall performance in providing the service you expect from us, what grade would you give? (check one) **A B C D F**

2. If you circled anything less than an A, what would you like us to add or improve to better serve you?

3. **Please tell us** what you like about doing business with Driscoll & Associates Insurance?

Would you like to schedule a phone review or office visit to discuss your insurance? Yes No

Form completed by: (Print Name) _____ Title: _____

Signature: _____ Date: _____

Daytime Phone #: _____ Email: _____



Tell your friends about us and receive \$5 CASH!
We always ask our new customers who referred them to our agency. If someone we ask gives us *your* name, we will send you a \$5 bill!
Qualified Referrals*