



MAILING ADDRESS:
2058 N Mills Ave #522
Claremont, CA 91711

Sign Survey for Insurance Coverage

PHONE: 800-628-2882
FAX: 909-266-0359

EMAIL: office@h2ins.com

CA LICENSE #0C66703
ID LICENSE #600881

Date: _____ Proposed Effective Date: _____

License#: _____ Type: _____ Referred By: _____

Legal Name of Business: _____

Physical Address of Business: _____

Mailing Address of Business: _____

Person to Contact: _____ Position: _____

Business Phone: _____ Fax: _____ Email: _____

Sole Proprietorship Partnership Corporation

Owner Name	% Owner	Title	Duties	Birth date

Year Started Business: _____ Years Business Experience: _____

Describe your operations:



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Other & Mobilecrane Equipment Schedule:
 (List mobile equipment here and respective vehicles below.)

	Yr	Length Bm Jib	Make & Model	Rated Lift Capac	VIN or Serial #	Present Value	Cost New
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							

Vehicle Chassis Schedule:
 (for each crane & mobile equipment above & other vehicles):

	Yr	Make & Model	VIN or Serial #	GVW	Present Value	Cost New
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						



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Trailers:

	Yr	Length	Make & Model	# of Axis	VIN or Serial #	GVW	Present Value
1							
2							
3							
4							
5							

Present value of Miscellaneous Unscheduled Tools & Equipment

On vehicles & cranes – Away from premises:
(Maximum Per Single Item \$1,000) \$ _____

Maximum value of property to be installed (yours or your customers')
Away from your premises:
Signs and Stock \$ _____

Equipment rental reimbursement for damaged equipment
Maximum daily amount: \$ _____
Number of days: _____

Rented Equipment
Maximum: \$ _____
Estimated annual cost of rented equipment \$ _____

Annual Gross Sales & Payrolls:	# of Employees	Sales	Payroll
Sign Manufacturing – Electrical	_____	\$ _____	\$ _____
Sign Installation of Electric Signs Attached to Building	_____	\$ _____	\$ _____
Sign Installation of Electric Signs Not Attached to Building	_____	\$ _____	\$ _____
Sign Manufacturing – Non-Electrical: (Painted, Vinyl, Banners, etc.)	_____	\$ _____	\$ _____
Sign Installation of Non- Electric Signs	_____	\$ _____	\$ _____
Crane Operations - With Operator – Excluding Signs	_____	\$ _____	\$ _____



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Other Income & Payroll:

Duties	# of employees	Sales	Payroll
1. _____	_____	\$ _____	\$ _____
2. _____	_____	\$ _____	\$ _____
3. _____	_____	\$ _____	\$ _____
4. _____	_____	\$ _____	\$ _____

Note: A copy of your Worker's Compensation Payroll Report or your last final audit is very helpful.

Sign heights worked on for installing & servicing: (Estimate Percentage of each)

Ground Level to 15'	_____	%
16' to 24'	_____	%
25' to 35'	_____	%
36' to 50'	_____	%
51' to 80'	_____	%
81' and Over	_____	%

Sub-contracted work: Labor (Cost) \$ _____

Sub-contracted work: Custom Mfg. (Cost) \$ _____

Describe:



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Property: (Building & Contents)

Locations: (Address, City, Zip)

1. _____
2. _____
3. _____
4. _____

	Loc #1	Loc #2	Loc #3	Loc #4
Building - Replacement Cost				
Fence - Replacement Cost				
Owned or Leased				
Construction Type- Frame Steel/Concrete				
Square Feet				
Age - Year of Construction				
Sprinklered (Y/N)				
Security:				
Central Alarm				
Local Alarm				
Beams				
Premises Contcts				
Smoke/Fire Detection				
Alarm Co. Name				
# of Fire Extnghsrs				
Glass Windows - Linear Feet				
Office Equipment				
Computer Hardware				
Computer Software				
Shop Equipment				
Raw Inventory				
Work in Progress				
Finished Product				
Property of Others				
Loss of Income Per Month				
Valuable Papers				
Accounts Receivable				
Tenant Improvements				
Spray Booth				
Paint Storage				
Approved Cabinets				
Fire Suppression System Booth				
Paint Type:				
% Flammable	_____	_____	_____	_____
% Water Base	_____	_____	_____	_____
% Other	_____	_____	_____	_____



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** Business Interruption – Providing your last annual Profit & Loss statement and Balance Sheet is very helpful.

Deductible/Self-Insured Retention: \$ _____
(How much of each loss do you feel comfortable paying out of savings, cash flow or profits?)

Insurance Company History:

Coverage (Last 3 Years)	Yr	Insurance Company	Policy Number	Premium	Losses
General Liability					
General Liability					
General Liability					
Auto Liability					
Auto Liability					
Auto Liability					
Sched Equip					
Sched Equip					
Sched Equip					
Work Comp					
Work Comp					
Work Comp					
Other					
Other					

Describe nature of all losses (Attach company policy/loss reports if available):

Date	Type	Description	Paid	Reserve

Liability Limits Desired: _____



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Sample Documents for Risk Management & Insurance Review

(Any of the attached will help us better evaluate your insurance coverage needs.)

- _____ Company Brochure
- _____ Business Card & Stationary
- _____ Products Brochure
- _____ Warranties
- _____ Sign Leasing Agreement
- _____ Crane Rental & Service Agreement – Hold Harmless & Indemnity Agreement Clause
- _____ Lease Agreements (Building, Equip., & Other)
- _____ Automobile Leases (on vehicles you lease to others)
- _____ Sales and Service Contracts & Purchase/Work Orders
- _____ Real Estate Appraisals (if available and applicable)
- _____ "ADT – Sprinkler & Alarm" Type Contracts
- _____ Hazardous Waste Disposal Service Contract
- _____ Safety and Loss Prevention Program (Complete Program or Table of Contents)
- _____ Employee Handbook/Manual
- _____ Safety Meeting Minutes (Sample)
- _____ Vehicle Inspection Form
- _____ Crane & Ladder Inspection Form
- _____ Loss Experience – Current plus last 3 years
- _____ Financial Statement (Profit/Loss & Balance Sheet)
- _____ Articles of Incorporation (If quoting D&O)
- _____ Partnership Agreement (If quoting Buy/Sell coverage)
- _____ Buy/Sell Agreements
- _____ OSHA Crane Certifications (if applicable)
- _____ Other