



HOME OFFICE
 1538 Howard Access Road
 Suite C
 Upland, CA 91786

Sign Survey for Insurance Coverage

Phone:
 800-628-2882
 Commercial Lines Fax:
 909-266-0359
 Personal Lines Fax:
 909-942-2764
 Health/Life Fax:
 909-266-1923

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:

California
 License #0C66703
 Nevada
 License #18521
 Arizona
 License #186848
 Utah
 License #253895



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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) \$ _____

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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 Extnghshrs				
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):

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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.)

Phone: 800-628-2882
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- 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

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