



Insurance Questionnaire

Name: _____

Address: _____

City / State / Zip: _____

Phone Number: _____

Email: _____

Business Name: _____

Federal ID #: _____

Annual Revenues (Estimated for new entities): _____

Number of Employees

Full Time _____

Part Time _____

Pre-employment screening procedures used

Prior employer check Fingerprint Criminal (arrest) record

Drug/Substance testing Personal Interview

Other, please explain: _____

How often do supervisors/managers accompany employees to customer's premises?

Daily Weekly Monthly

Twice a month On a spot check basis

Have you sustained any employee dishonesty losses in the last six years? _____

If yes, please explain: _____

X _____

Applicant's Signature