



Insurance Questionnaire

Name: _____

Address: _____

Business Name: _____

Federal ID #: _____

Phone Number: _____

Website: _____

Years of Experience: _____

Numbers of Employees: _____

 Full Time: _____

 Part Time: _____

Payroll: _____

Would you like a quote for Worker's Compensation? _____

Annual Receipts: _____

What are the minimum experience requirements for new employees? _____

Do employees have any ISO Certifications? _____

When performing services for others, what level of customer supervision is customary?

Direct Supervision by customer _____

Limited supervision by customer or regular signoff _____

Limited supervision by customer without signoff _____

Do Employees use personal vehicles in the course of business? _____

Is a company car used in the course of business? _____

If yes, Please provide vehicle info (VIN # and Drivers license #) _____

Describe the backup procedures that are in place (i.e. daily, off-site)

What are your targeted markets? _____

Average length of customer contract? _____

Average value of services performed? _____

What provisions are included in contracts you enter with customers?

_____ **Limitation of Liabilities Clause**

_____ **Warranty Disclaimers**

_____ **Guarantees**

_____ **Remedy for disputes of breaches**

Do you utilize content or services of others in your operations?

If so, explain _____

Signature: _____