

31.	LIST 5 SUBCONTRACTORS (Contractors, if you are a Subcontractor) WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS		
	Name	Address	Tele. No.
32.	LIST 3 ARCHITECTS OR ENGINEERS WHO HAVE SUPERVISED YOUR WORK IN THE PAST YEAR		
	Architect/Engineer	Address	Owner/Project
33.	LIST ANY "KEY MAN" INSURANCE CARRIED		
	Name	Amount	Issuing Company
34.	LIST OTHER INSURANCE COVERAGES IN EFFECT		
	Coverage	Limits	Issuing Company
35.	What business continuity plans are in place?		
36.	What has been your insurance claims experience over the last 3 years?		
	General Liability?	Auto?	Equipment Floater?
37.	Will Wilson M. Beck Insurance Services Inc. , be offered to quote the other lines of insurance at renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38.	Is your operation: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
39.	What size projects and backlog do you feel your organization can undertake?		
	Single Job \$ _____	Total Program \$ _____	

Prepared By:	Position:
Signature:	Date:

NOTE: PLEASE PROVIDE YOUR LAST THREE YEAR-END FINANCIAL STATEMENTS AND A CURRENT INTERIM FINANCIAL STATEMENT. IF CERTIFIED AUDITS WERE NOT PREPARED, THE LAST YEAR-END BALANCE SHEET MUST BE SUPPLEMENTED WITH COMPLETE SCHEDULES OF BANKS, ACCOUNTS RECEIVABLE AND PAYABLE, NOTES RECEIVABLE AND PAYABLE, INCLUDING ADDRESSES.

COMPLETE THE ATTACHED "WORK ON HAND" REPORT FORMS. AS OF THE LAST FISCAL YEAR-END AND CURRENT DATE. ALSO, PLEASE SUBMIT A COPY OF YOUR EXISTING INSURANCE PROGRAM.

