

Audit Form

THIS FORM MUST BE COMPLETED AND RETURNED. THIS IS AN AUDIT FOR YOUR POLICY TO VERIFY ACCURACY OF INFORMATION. Please provide information for the policy period and fax <u>completed form and additional forms</u> requested to: (760) 795-0098 ATTN: Audit Department, e-mail to: <u>audits@zoompfs.com</u>, upload documents directly at <u>www.zoompfs.com</u> or mail to: 3231-C Business Park Dr. #443, Vista, CA 92081

Company Name: Policy Number: Policy Period:

General Information

Detailed Description of Operations:

Of Employees (Excluding Owner) _____ Gross Payroll (Excluding Owner) \$_____

Number of Projects or Home's Started: ______ Completed: ______

Gross Receipts: \$_____

Please check off the appropriate boxes that describe your work:

A/C Refrigeration	Garage Door Installation Pre-Fab Homes		
A/C System Installation	General Contractor	Remodel Contractor	
Appliance & Accessories Installation	Glass Installation/Glazing	Roofing	
Carpentry (Interior Exterior)	Grading	Septic Tank Install & Service	
Cleaning (Outside Building)	Handyman Sheet Metal		
Concrete (Flat)	HVAC Siding and Decking		
Concrete Foundation	Insulation Street/Road Paving (Com		
Drilling	Janitorial	Swimming Pool Cleaning	
Debris Removal	Landscape	Swimming Pool Installation	
Door/Window Installation	Masonry Tile & Marble Installation		
Drywall	Metal Erection (Decoration Only) Tree Trimming		
Electrical	Painting (Interior Exterior) Water Drilling		
Excavation (ft. down)	Plastering/Stucco Welding (Non-Structural Only		
Fencing	Plumbing		
Floor Covering Installation	Pressure Washing	Other:	

Check If You Use Subcontractors	Dollar Amount of Work Subcontracted	\$
Do the subcontractor(s) provide you with certificates of insurance?		□ Yes / □ No
What minimum General Liability limit is required?		\$
Do you provide supervision?		□ Yes / □ No
Do you have a written contract agreement with the subcontractor(s)?		□ Yes / □ No
If so, is there a "Hold Harmless" clause in your favor in the contract?		□ Yes / □ No
Do you always require subcontractor(s) to name you as additional insured?		\Box Yes / \Box No

TYPE OF WORK AND JOB OPERATIONS				
Percent of Remodeling / Service / Repair:	%	Percent of New Construction:	%	
Percent of Commercial Construction:	%	Percent of Residential Construction:	%	

Check all boxes that apply to your business: □ Condo □ Town- Home □ Home Owners Association □ Single Family Homes □ Other Residential □ Track Homes Commercial □ Industrial □ Other, please specify:

 \Box Roofing

IMPORTANT PLEASE SUBMIT THE FOLLOWING REQUIRED DOCUMENTATION FOR THE POLICY TERM:

- Profit & Loss Statement ((-)) OR
- Bank Statements ()
- Tax Returns (only if the policy term is on a calendar year or the company's fiscal year)

These documents should summarize your revenue, costs and expenses incurred during the policy period.

Completed by:	Date:	
(Signature)		
Print Name:		
Contractor's License Number (If Applicable):		
E-mail Address:		