

# 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:                              |       |  |