

INSURED: _____

**OWNER, EMPLOYEE PAYROLL & SUBCONTRACTOR
INFORMATION**

- 1.- Number of Owner/Officers/Partners: _____
- 2.- Payroll of Full & Part Time Employees: \$ _____
- 3.- Estimated Gross Annual Receipts: \$ _____
- 4.- Any works subcontracted? If yes, describe type of work below and provide subcontract cost: \$ _____

(Insured must be named as an additional insured on all subcontractors policies. Evidence in the form of a certificate must be obtained and keep on file for a least three years and be available for inspection by the carrier)

ADDITIONAL INSURED REQUIRED (LIST BELOW)

SUBCONTRACTOR INFORMATION: