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**Fact Finder for Scaffolding Contractors Program**

**SECTION I- GENERAL INFORMATION**      *PLEASE COMPLETE EVERY ITEM OR INDICATE N/A*

1. Name of Applicant: \_\_\_\_\_ Policy Period: \_\_\_\_\_ to \_\_\_\_\_  
 DBA (if applicable): \_\_\_\_\_ Current Carrier: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_
3. Business Owner(s): \_\_\_\_\_ Percent of Ownership: \_\_\_\_\_ %
4. Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_ Website: \_\_\_\_\_
5. Business Type:      Individual      Partnership      Corporation      Other (Describe): \_\_\_\_\_
6. Number of years in business under the name above: \_\_\_\_\_  
 Additional years of Owner's experience: \_\_\_\_\_ Additional years of Manager's experience: \_\_\_\_\_

**SECTION II- OPERATIONS SUMMARY**      *PLEASE INDICATE WHETHER YOU PERFORM THE FOLLOWING*

Mast Climbing Platforms	Yes	No
Swing Staging	Yes	No
Import Scaffolding Directly from Outside the United States	Yes	No
Operations Other than Scaffold	Yes	No

If yes, please describe: \_\_\_\_\_

**SECTION III- PLEASE PROVIDE YOUR ANNUAL REVENUE FOR ALL APPLICABLE CATEGORIES**

<b>Overall Revenue- ALL OPERATIONS</b>	<b>\$</b>
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By Category	Breakdown %
Scaffold/Other Equipment Sales (Retail and/or Wholesale)	%
Scaffold Rental (To Others)- Without Erection and/or Dismantling	%
Scaffold Erection and/or Dismantling	%
Other Than Scaffold Operations Please describe:	%

**SECTION V- CLAIMS**

*PLEASE PROVIDE APPROXIMATE TOTAL FOR THE LAST 5 YEARS: \$* \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_