



Solutions DrivenSM

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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

Overall Revenue- ALL OPERATIONS	\$
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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: _____