



James C. Franchino Agency, Inc.
 132 Columbia Turnpike, PO Box 36
 Florham Park, NJ 07932-0036
 Phone: 973-377-6100
 Fax: 973-377-1958
 www.franchinoinsurance.com

Electrical Contractor Business Survey Form

Business Name _____ Date _____
 Your Name _____
 Street _____
 Town _____ State _____ Zip _____
 Business Ph. (_____) _____ Cell ph # (_____) _____
 email _____
print email address clearly

Business is a single proprietorship ; partnership ; corporation ; LLC
 How many years has business been in operation? _____ New business
 Electrical License # _____ Your age: _____ Percent of business in NY _____
 Business is full or part time ?

Number of active owners / officers: _____ ... their annual salary (each) \$ _____, \$ _____, \$ _____
 Number of EMPLOYEES : NOT owners / officers: _____ . . . their annual payroll: \$ _____

Annual receipt (gross money received): \$ _____. Annual money paid to sub-contractors. \$ _____

Percentage of residential work _____% , commercial work _____%, industrial _____%

What percentage of your business is or will be from . . .

Installation of alarms, (burglar, fire, smoke) _____%	Repair of industrial machinery? _____%
High voltage over 480 volts _____%	Traffic signals (stop lights) _____%
Tele / Data communications wiring _____%	Back-up generators _____%
Life support systems (hospitals, surgery centers) _____%	Work on boats, ships, aircraft _____%
Snowplowing / snow removal _____%	Fire sprinkler / suppression systems _____%

Other work, describe: _____

Do you own any large equipment such as a bucket trucks, cherry picker, lift, crane, tractor, trencher Y / N
 Do you own or operate any other business or companies besides electric ? Y / N Describe on back. --->

Commercial autos used in your business: (Indicate gross vehicle weight (GVW) when over 10,000 lb.)

Yr _____ . Make _____	Model _____	Cost new \$ _____	GVW _____
Yr _____ . Make _____	Model _____	Cost new \$ _____	GVW _____
Yr _____ . Make _____	Model _____	Cost new \$ _____	GVW _____

If tool coverage is desired, state value of tools, equip. needed covered: \$ _____
 If installation floater is desired, state amount coverage needed: \$ _____ (An installation floater covers items/materials on the job site or temporary storage location, or in transit, etc.)

Please complete, this is extremely important to us.

Do you currently carry electrical liability insurance Yes, No. If yes, please indicate your current insurance company (not agency) and expiration date: _____

Have you had any business liability or automobile claims or accidents in the past three year. Y, N If so describe _____