

Target Date: _____

Information Checklist

- I Company Overview

- I Historical exposures (**5 Years Required - included current / est. next year**)
 - Payroll (W-2 and sub contractors not covered by their own workers comp)
 - Sales (Gross Estimated Annual Revenue / Contract Prices)
 - Vehicle Count by State with Make, Model, VIN # and Drivers Lic. #'s w/ DOB
 - Union Labor? If so, what percentage? What description of labor? Locations?

- I List of Locations - Differentiate between owned locations and / or leased.

- I Employee Concentration (i.e. workers at each job site, for catastrophic loss rating)

- I Workers Compensation Loss History (**5 Years Required**)
 - Aggregate Summary
 - Summary by Operating Companies
 - Large Loss Listing

- I Automobile Liability Loss History (**5 Years Required**)
 - Aggregate Summary
 - Summary by Operating Companies
 - Large Loss Listing

- I General Liability Loss History (**5 Years Required**)
 - Aggregate Summary
 - Summary by Operating Companies
 - Large Loss Listing

- I Workers Compensation, General Liability and Automobile Policy Specifications
(i.e. copies of policies - declaration pages most important)

- I Financials

- I Subsidiary Listing and FEIN Numbers

- I Insurance / Operations Matters / Safety / Loss Control
Contact (s) _____