

SONOMA VALLEY INSURANCE AGENCY
PO BOX 1669, Sonoma, CA 95476
Phone: 707-935-6294 - Fax: 707-935-3602

Questionnaire for Specialty Contractors Package Program

Policy Holder Name: _____.

Largest project in the past 3 Years:

Month Completed	Value	Description

Largest Current/Planned Job:

Approx. Start Date	Value	Description

Any knowledge of unreported losses in the past 12 months? Yes No

Number of Owners: _____ Number of Employees: _____

Projected Employee Payroll (exclude owners): _____.

Projected Sub Costs: _____ Projected Gross Receipts: _____.

PAST 12 Months.....

Actual Payroll for past 12 months (exclude owners): _____.

Actual Gross Receipts past 12 months: _____.

Actual Sub Costs past 12 months: _____.

% of work: Residential _____ Commercial _____ Industrial _____

% of work: New Construction _____ Non-Structural Remodeling _____

Structural Remodeling/Additions _____ Service & Repair _____