



MONROE & MONROE INSURANCE

2921 Galleria Dr., Suite 102, Arlington, TX 76011
www.monroe-monroe.com

(817) 640-5035, (800) 324-8607, Fax (817) 640-0131
info@monroe-monroe.com



Rotary Authorized Installers Insurance Program Supplemental Application

Please list all business entities:
(Use full legal names) _____

- Please list your website if applicable _____
- Business Start Date _____
- Other than installing, servicing, and selling lifts, what other operations does your company perform?

4. Total Gross Receipts: \$ _____

5. List of Owners, Officers, Partners, and Sole Proprietors

Name	Title	Job Duties

6. Estimated Gross Payroll for ALL employees (excluding Owners, Officers, Partners and Sole Proprietors)

	Gross Payroll
Include bonuses, commissions, and overtime	\$ _____

7. Please classify EMPLOYEES Total Annual Payroll into the Categories listed below (not including owners, partners and sole-proprietors)

Category	Payroll
Clerical / Office (must be 100% office only)	\$ _____
Inside/Outside Salespersons or Estimators (must be 100%)	\$ _____
Machinery or Equipment installation, service or repair	\$ _____
Any Other (please describe):	\$ _____

8. Total Cost of Sub-Contractors

Category	Costs
Total amount paid to Insured Subs with Certificates of Insurance	\$ _____
Total amount paid to Uninsured subs who work for you	\$ _____

9. Sales Breakdown

Category	Sales
Installation Receipts	\$ _____
Sales of equipment / parts that you DON'T install	\$ _____

10. Current Carrier Information

	General Liability
Expiration Date	
Expiring Carrier	
Occurrence Limit/Aggregate Limits	

Please list any recent claim information on a separate sheet. Loss runs/reports may be needed as well.