



# Monroe & Monroe Insurance

## Petroleum Equipment Contractor & Distributor Insurance Program Application

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Legal Entity Name(s) \_\_\_\_\_

Federal ID #(s) \_\_\_\_\_

Contract Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_ ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

### Owner Operations

	YES	NO
Do Owners/Officers/Partners Perform Job Site Work or Supervise Jobs?		
If yes, how many Owners/Officers/Partners?		
If yes, Please Describe Job Duties		

### Please classify total annual employees' payroll by category below:

	Total Payroll
Machinery or Equipment Installation, Service or Repair	\$
Excavation Payroll (Time on Equipment Only)	\$
Computer Boards / Dispenser Programming Service or Repair	\$
Inspections / Consulting / Phase I or II Work	\$
Tank / Line Testing & Cleaning	\$
Remediation / Environmental Clean Up	\$
Environmental Drilling	\$
Other (Please Describe):	\$

### Total Cost of Sub-Contractors

	Total Cost
Total Amount Paid to <b>Insured</b> Subs with Certificates of Insurance	\$
Total amount paid to <b>Uninsured</b> Subs Who Work for You	\$
Uninsured Subs Job Duties? _____	

### Sales Breakdown

	Total Sales
Sales of equipment / Parts you <b>DON'T</b> install (Counter Sales)	\$
Installation Sales	\$
Maintenance and Service Sales	\$
Describe Other Sales	\$
Total Gross Sales	\$

### Miscellaneous

	YES	NO	
Tank Truck/Trailer Fabricating / Sales or Repair / Maintenance			
Alternate Fueling Facilities Work?			
Electronic Vehicle Charging Station Work?			
Automotive Lift Inspections?			
Any Current Pollution / Professional Retro Date?			Date?
Do you Carry an Umbrella?			Limit?
Does the Umbrella include Auto?			Auto Carrier

**Please provide a current insurance certificate and loss runs for the past 4 years. If those are unavailable, please describe any recent claims on a separate sheet. Thank you.**