



MONROE & MONROE INSURANCE

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PEI Insurance Program Supplemental Application

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

1. Total Gross Receipts: \$ _____

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

Name	Title	Job Duties

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

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

4. Please classify EMPLOYEES Total Annual Payroll into the Categories listed below:

Category	Payroll
Clerical / Office (must be 100% office only)	\$ _____
Inside/Outside Salespersons or Estimators (must be 100%)	\$ _____
Machinery or Equipment installation, service or repair	\$ _____
Payroll allotted for Excavation (time on equipment only)	\$ _____
Environmental Drilling	\$ _____
Computer boards/dispenser programming service or repair	\$ _____
Consulting / Phase I or II work	\$ _____
Tank Testing	\$ _____
Remediation Work	\$ _____
Tank truck or trailer service or repair	\$ _____
Any Other (please describe):	\$ _____

5. 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	\$ _____

6. Sales Breakdown

Category	Sales
Installation Receipts	\$ _____
Sales of equipment / parts that you DON'T install (Warehoused)	\$ _____
Sales of equipment / parts that you DON'T install (Drop Shipped)	\$ _____

7. Current Carrier Information

	GL	Pollution	Professional
Expiration Date			
Expiring Carrier			
Occurrence Limit			
Retro Dates (If Any)			
Current Premium			

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