

Green Index Rating Application



BUSINESS INFORMATION

Business Name:

Business Address:

City:

State/Province:

Zip Code:

Contact Name:

Contact Telephone No:

Contact Email Address:

Insurance Renewal
Date(mo/yr):

Total No of employees:
(incl. owner/managers)

Paint Supplier,
Dist., or Jobber:

HazWaste (hauler)
Disposal Company:

Building square footage:

Property square footage:

Paint/Chemical
Product Mfg. (primary):

Number of owned vehicles:
(Trucks, cars, etc.)

Number of work orders:
(per mo)

Ave. gross per work order
\$

Est. Gross Income (per mo)
\$

Employee Payroll Cost (per mo)
\$

Avg. Electric bill (per mo)
\$

Avg. Gas bill (per mo)
\$

Avg. Water bill (per mo)
\$

Avg. HazWaste bill (per mo)
\$

Insurance cost (per yr)
\$

Workers comp cost(per yr)
\$

Property Coverage

Limit

Building Value

\$

Content Value -(Inc. Equip., Inventory & Property of Others)

\$

Electronic Data Processing and Equipment

\$

Paint Inventory & Essential Equipment

\$

Loss of Business Income (Money needed post loss)

\$

