



AUDIT FORM

Date: _____

COMMERCIAL GENERAL LIABILITY POLICY

Company Name: _____

Policy Number: _____

Policy Dates: _____

THIS FORM MUST BE COMPLETED AND RETURNED. THIS IS AN AUDIT FOR YOUR POLICY TO VERIFY ACCURACY OF INFORMATION.

Please provide information for the policy period submit completed form and additional forms requested to:

Fax: (760) 795-0098 ATTN: Audit Department

E-mail: audits@zoompfs.com

Upload directly at www.zoompfs.com

Mail to: 2244 Faraday Ave. #129, Carlsbad, CA 92008

Detailed Description of Operations: _____

Of Employees (Excluding Owner) _____ Gross Payroll (Excluding Owner) \$ _____

Number of Projects or Home's Started: _____ Completed: _____

Gross Receipts: \$ _____

Subcontractors: Check If You Use Subcontractors. Dollar Amount of Work Subcontracted \$ _____

*****IMPORTANT*****

PLEASE SUBMIT ONE OF THE FOLLOWING REQUIRED DOCUMENTATION FOR THE POLICY TERM

- Profit & Loss Statement
- Bank Statements
- Tax Returns (only if the policy term is on a calendar year or the company's fiscal year)

These documents should summarize your revenue, costs and expenses incurred during the policy period.

Completed by: _____
(Signature)

Date: _____

Print Name: _____

Contractor's License Number (If Applicable): _____

E-mail Address: _____