



**Dallas**  
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[hullandco-texas.com](http://hullandco-texas.com)

### Printing Risk Questionnaire

To:	Company:	
From:	Date:	
Prospect:		
<input type="checkbox"/> Urgent	<input type="checkbox"/> For Review	<input type="checkbox"/> Please Reply

Please provide the following information for quotation consideration:

1. Type of Business:
2. Type of Product Being Printed:
3. Total Replacement Value of all Presses:

LOCATION	VALUE	FOREIGN OR AMERICAN MADE
	\$	
	\$	
	\$	
	\$	

**4. General Information**

Number of Presses at Each Location	
Number of Colors of Each Press	
Percent of production each press represents	<input type="checkbox"/> < 10% <input type="checkbox"/> 11-25% <input type="checkbox"/> 26-50% <input type="checkbox"/> > 50% <input type="checkbox"/> %
Number of hours a day the operation is running	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>
Number of days per week the operation is running	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7
Routine Maintenance Performed on the presses	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> In House Maintenance <input type="checkbox"/> Contracted Maintenance

**5. Reparation Information**

Are Spare Parts Available	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Local <input type="checkbox"/> Within the US <input type="checkbox"/> Intl
Estimated time to obtain replacement parts (press, cylinders, gearsets)	<input type="checkbox"/> < 1 week <input type="checkbox"/> 2-4 Weeks <input type="checkbox"/> 1-3 Months <input type="checkbox"/>
Replacement Value of the largest press	\$

6. Explain the Contingency Plan in the event of a breakdown (contract work out to competitors, rental of spare equipment, etc):

7. What is the additional monthly cost to continue normal business operations in the event of an equipment breakdown:  
\$

Producer Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Date: \_\_/\_\_/\_\_\_\_