

# Commercial Insurance Questionnaire



Please provide all information below so that a quotation may be obtained.

## GENERAL INFORMATION:

NAMED INSURED: \_\_\_\_\_

D/B/A: \_\_\_\_\_

ADDRESS OF BUSINESS: \_\_\_\_\_  
(Location #1)

MAILING ADDRESS: \_\_\_\_\_  
(If different than physical address)

PHONE NUMBER: \_\_\_\_\_

FAX NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

## BUSINESS INFORMATION:

YEAR BUSINESS STARTED:	_____	
# OF YEARS EXPERIENCE :	_____	
# OF FULL TIME EMPLOYEES:	_____	
# OF PART TIME EMPLOYEES:	_____	
FEDERAL ID #:	_____	
TYPE OF BUSINESS:	_____ "C" Corporation	_____ "S" Corporation
	_____ Partnership	_____ Individual
	_____ LLC	_____ LLP
	_____ _____	_____ _____

COMPLETE DESCRIPTION OF BUSINESS OPERATIONS: \_\_\_\_\_

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**PROPERTY:**

	LOCATION #1	LOCATION #2
BUILDING VALUE:		
SQUARE FOOTAGE:		
% OCCUPIED BY INSURED:		
# OF STORIES:		
CONSTRUCTION OF BUILDING:		
YEAR BUILT:		
YEAR UPDATED - ROOF:		
YEAR UPDATED - ELECTRIC:		
YEAR UPDATED - HVAC:		
YEAR UPDATED - PLUMBING:		
FIRE EXTINGUISHERS:	YES or NO	YES or NO
SMOKE DETECTORS:	BATTERY or WIRED	BATTERY or WIRED
ALARM:	LOCAL or CENTRAL	LOCAL or CENTRAL
PROTECTION CLASS:		
% OF BUILDING SPRINKLERED:		
CONTENTS VALUE:		
BUSINESS INCOME VALUE:		
PERIOD OF RESTORATION:	1/3 1/4 1/6 1/12 or ACTUAL	1/3 1/4 1/6 1/12 or ACTUAL
BUILDING POSSESSION:	OWNED or LEASED	OWNED or LEASED
PTY DEDUCT. REQUESTED:	500 1,000 5,000	500 1,000 5,000
MORTGAGEE*:	YES or NO	YES or NO
ADDITIONAL INSUREDS*:	YES or NO	YES or NO

**\*Please complete information below**

Location # 2 Address: \_\_\_\_\_

**MORTGAGEE/ADDITIONAL INSUREDS:**

NAME:	
ADDRESS:	
INTEREST:	

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NAME:	
ADDRESS:	
INTEREST:	

## GENERAL LIABILITY:

	LOCATION #1	LOCATION #2
OCCURRENCE LIMIT:		
AGGREGATE LIMIT:		
FIRE LEGAL LIABILITY LIMIT:		
GROSS ANNUAL SALES:		
PAYROLL:		
PAYROLL CLASSIFICATION:		
ADDITIONAL INSURED*:	YES or NO	YES or NO
SUB-CONTRACTORS USED:	YES or NO	YES or NO
COST OF SUB-CONTRACTORS:		
SUB. AGREEMENTS USED**:	YES or NO	YES or NO
SUB. CERTS. OBTAINED:	YES or NO	YES or NO
LIMITS REQUIRED FOR SUBS:		
ANY VACANT LAND - ACRES:		
ANY LEASED BLDGS. - #:		

\*Please complete information below

\*\*Please obtain copy of sub-contractor agreement

### ADDITIONAL INSURED\*:

NAME:	
ADDRESS:	
INTEREST:	

NAME:	
ADDRESS:	
INTEREST:	

## CRIME:

	LOCATION #1	LOCATION #2
ACCOUNTS RECEIVABLE:		
EMPLOYEE DISHONESTY:		
MONIES & SECURITIES - IN:		
MONIES & SECURITIES - OUT:	3	

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VALUABLE PAPERS/RECORDS:		
FORGERY & ALTERATIONS:		

## AUTOMOBILE:

	POLICY LEVEL COVERAGE
LIMIT OF LIABILITY:	
HIRED/NON-OWNED LIABILITY:	YES or NO
HIRED PHYSICAL DAMAGE:	
COST OF HIRE:	
DRIVER OTHER CAR:	YES or NO
# OF PEOPLE - D.O.C.:	
NAMES OF D.O.C. DRIVERS:	

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
GVW:				
USE*:	C S R P	C S R P	C S R P	C S R P
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
RADIUS OF USE:	50 100 200	50 100 200	50 100 200	50 100 200
GARAGING ZIP CODE:				
LOSS PAYEE:	YES or NO	YES or NO	YES or NO	YES or NO

\*Vehicle Use: C = Commercial S = Service R = Retail Delivery P = Personal

### LOSS PAYEES:

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	



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## WORKERS' COMPENSATION:

	CLASS CODE	CLASS CODE	CLASS CODE	CLASS CODE
CLASS CODE:				
CLASS DESCRIPTION:				
PAYROLL:				
# OF FULL TIME EMP:				
# OF PART TIME EMP:				

## CORPORATE OFFICERS:

	PRESIDENT	V. PRESIDENT	SECRETARY	TREASURER
NAME:				
DATE OF BIRTH:				
SOCIAL SECURITY #:				
% OF OWNERSHIP:				
INCLUDED/EXCLUDED:				
ANNUAL SALARY:				
OFFICERS DUTIES:				

## UMBRELLA:

LIMIT OF LIABILITY REQUESTED: \$ \_\_\_\_\_

SELF-INSURED RETENTION:            \$0        \$5,000        \$10,000        \$20,000

## NOTES:

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# Commercial Insurance Questionnaire

## **ADDITIONAL INFORMATION NEEDED TO PROVIDE QUOTE:**

	INCL.	MISSING	OTHER	
★ 3 YEARS HARD COPY LOSS RUNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF EMPLOYMENT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF EMPLOYEE HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF MOST RECENT FINANCIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF MARKETING MATERIALS (BROCHURES, PAMPHLETS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

## **ADDITIONAL COVERAGES REQUESTED - SUPPLEMENTALS REQUIRED:**

	YES	NO
LIQUOR LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTORS & OFFICERS LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
POLLUTION	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE LIABILITY/GARAGEKEEPERS	<input type="checkbox"/>	<input type="checkbox"/>
MARINE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
AIRCRAFT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
FLOOD COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>
EARTHQUAKE COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT PRACTICES LIABILITY - STAND ALONE	<input type="checkbox"/>	<input type="checkbox"/>

## **CURRENT/PRIOR INSURANCE INFORMATION:**

	2007	2006	2005	2004
CARRIER:				
EXPIRATION DATE:				
PROPERTY PREMIUM:				
LIABILITY PREMIUM:				
AUTO PREMIUM:				
WC PREMIUM:				
UMBRELLA PREMIUM:				