

# Commercial Insurance Questionnaire



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

## GENERAL INFORMATION:

NAMED INSURED:

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D/B/A:

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ADDRESS OF BUSINESS:

(Location #1)

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MAILING ADDRESS:

(If different than physical address)

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PHONE NUMBER:

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FAX NUMBER:

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CONTACT PERSON:

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EMAIL ADDRESS:

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WEBSITE:

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## BUSINESS INFORMATION:

YEAR BUSINESS STARTED:		
# OF YEARS EXPERIENCE :		
# OF FULL TIME EMPLOYEES:		
# OF PART TIME EMPLOYEES:		
FEDERAL ID #:		
TYPE OF BUSINESS:	<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> "S" Corporation
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Individual
	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP

COMPLETE DESCRIPTION OF BUSINESS OPERATIONS:

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## GENERAL LIABILITY:

	LOCATION #1	LOCATION #2
OCCURRENCE LIMIT:		
AGGREGATE LIMIT:		
FIRE LEGAL LIABILITY LIMIT:		
GROSS ANNUAL SALES:		
PAYROLL:		
PAYROLL CLASSIFICATION:		
ADDITIONAL INSUREDS*:	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 INSUREDS:

NAME:	
ADDRESS:	
INTEREST:	

NAME:	
ADDRESS:	
INTEREST:	

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