

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: _____
