

# 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

# Commercial Insurance Questionnaire

## UMBRELLA POLICY:

OCCURRENCE LIMIT:	
AGGREGATE LIMIT:	
SELF-INSURED RETENTION:	

## UNDERLYING POLICIES:

	LIMIT OF LIABILITY	COMPANY
GENERAL LIABILITY:		
AUTOMOBILE:		
WORKERS' COMPENSATION:		

## UNDERLYING POLICY PREMIUMS:

	PREMIUM
GENERAL LIABILITY:	
AUTOMOBILE:	
WORKERS' COMPENSATION:	

**\*PLEASE NOTE: Umbrella quotes can only be offered in conjunction with a quote for your entire operation!**

# Commercial Insurance Questionnaire

# Commercial Insurance Questionnaire