

Commercial Insurance Questionnaire

CLIENT INFORMATION

BUSINESS NAME: (DBA)	
MAILING ADDRESS:	
EMAIL:	
PHONE NUMBER:	
DESCRIPTIONS OF OPERATIONS (SIC):	

BUSINESS INFORMATION:

NUMBER OF EMPLOYEES: _____	FULL TIME	PART TIME	MALE	FEMALE
NUMBER OF OWNERS:				
HOW MANY YEARS IN BUSINESS:	FEIN (TAX ID #):	UIER (UNEMPLOYMENT INSURANCE #):	ANNUAL PAYROLL:	ANNUAL SALES:

LOCATION INFORMATION

LOCATION ADDRESS(S):	
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YEAR BUILT:	CONSTRUCTION TYPE: (BRICK, MASONRY, FRAME, ETC.)	# OF STORIES:	SQUARE FEET OCCUPIED:	SPRINKLERED? (YES/NO)	YEAR OF UPDATES: (wiring, plumbing, heating)
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BUILDING LIMITS (OWNER):	
IMPROVEMENTS MADE (TENANT):	
BUSINESS PROPERTY AMOUNT:	
SPECIALTY PROPERTY: (FINE ARTS, EQUIPMENT, ETC.)	
BUSINESS VEHICLES IF APPLICABLE:	PLEASE PROVIDE A SEPARATE LIST OF VEHICLES AND DRIVERS
GENERAL LIABILITY LIMITS:	
EXCESS LIABILITY LIMITS (UMBRELLA):	
MISC COVERAGE NEEDED: (D&O, EPLI, CRIME, FIDUCIARY, ETC)	
COMMENTS:	

PRIOR LOSSES

HAVE YOU HAD ANY LOSSES IN THE LAST 5 YEARS:	YES / NO
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PLEASE DESCRIBE ANY LOSSES IN COMPLETE DETAIL (SUPPLY DOCUMENTS WHERE APPLICABLE):

PLEASE PROVIDE THE MOST RECENT COPIES OF YOUR CURRENT INSURANCE POLICIES.