

**BUSINESSOWNERS
INSURANCE QUESTIONNAIRE**

NAME & ADDRESS: (location where coverage is sought)

County: _____

Do you have any other business locations? Yes No ***If Yes, please attach separate list.**

Contact person: _____

Phone: _____ **Fax:** _____

Email: _____

Website: _____

Effective Date Requested: _____

Description of Business/Services provided (if attorney's office, please list areas of practice):

Number of years in Business: _____

Number of years Experience in this type of Business: _____

Employer ID # (FEIN): _____

Total Annual Payroll for all owners, officers & partners: _____

Total Annual Payroll for all other employees: _____

Total Annual Receipts: _____

Total Number of Employees: _____ **# Full Time:** _____ **# Part Time:** _____

Are Subcontractors used? Yes No

If yes, do you require a certificate of insurance from the subcontractor? Yes No

LEGAL ENTITY:

Individual

Partnership*

Corporation

Other: _____

INSURABLE INTEREST:

Owner/Occupant

Tenant

***If partnership, please provide list complete names of all partners, and percentage of interest of each.**

Please Note: If applying due to lease requirements, please fax or mail a copy of the requirements with this application.

COVERAGES:

Requested Business Personal Property Limit*: _____

*When calculating this limit, please consider all personal property in the office, e.g. furniture, books, etc.

Requested Computer Property Coverage: _____

Business Liability Limit: **Employee Dishonesty:** **Valuable Papers:** **Accounts Receivable:**

\$1,000,000/2,000,000 \$10,000 \$25,000 \$25,000

\$2,000,000/4,000,000 \$15,000 \$50,000 \$50,000

\$25,000 \$100,000 \$100,000

Property Deductible: \$250 \$500 \$1,000

REQUIRED INFORMATION:

(Must have in order to provide a cost estimate)

BUILDING CONSTRUCTION:

Frame

Joisted Masonry

Non-Combustible

Masonry Non-Combustible

Fire Resistive

Year Built: _____

Construction Quality: Good Excellent

Is there a restaurant/cafeteria located in your building? Yes No

If building is over 15 years old, indicate year renovation/replacement of:

Wiring: _____ **Roofing:** _____ **Plumbing:** _____ **Heating/AC:** _____

Is the Building up to code? Yes No

Sprinkler System:

Yes If "Yes" is it: Wet (water) Dry (chemical)

No

Is distance to responding fire station less than 5 miles? Yes No

Is Building located within 1000 feet of a fire hydrant? Yes No

Fire Alarm: Local Central Station None

Burglar Alarm: Local Central Station None

Are any autos titled, owned, or leased by the business or corporation? Yes No

If yes, please contact us regarding your Commercial Auto coverage options.

ADDITIONAL INSUREDS: (By contract, agreement, or permit. Please provide name and address)

ADDITIONAL INTERESTS/LOSS PAYEE: (Please provide name, address, equipment type, and lease #)

INSURANCE HISTORY: (Provide past three years insurance information)

| Month/Year | Premium | Carrier Name |
|------------|---------|--------------|
| | | |
| | | |
| | | |

LOSS INFORMATION:

Please provide **LOSS RUNS** for the past 5 years (contact your current Insurance Agent)

Have you had any claims within the last three years? Yes No

If "yes," please provide number of claims and attach claim form.

OPTIONAL COVERAGES AVAILABLE: (For an additional premium)

UMBRELLA COVERAGE:

\$1,000,000

\$2,000,000

Other: _____

COMMERCIAL FINE ARTS:

Item Description: _____ Value: _____

ERISA/PENSION PLAN:

Is ERISA coverage requested? Yes No

If yes, name of plan: _____

Amount of coverage requested: _____

NAME: _____

SIGNATURE: _____

DATE: _____