

COMMERCIAL INSURANCE QUESTIONNAIRE

COMPANY INFORMATION

Company Legal Name: _____ Federal Tax ID#: _____ Year Established: _____
DBA: _____ SIC: _____ Multiple Locations: Yes / No
Business Address: _____ City: _____ Zip: _____
Business Phone: () _____ Business Fax: () _____
Contact Person: _____ Title: _____
Contact Phone: () _____ E-Mail: _____

Type of entity: (Check One) C Corp S Corp Limited Liability Company Partnership Sole Proprietorship

Type of Business: _____

GENERAL LIABILITY

Complete the information below or forward a copy of your current policy declaration page

Gross Revenue: _____
Current Limits:
General Aggregate: _____ Products & Completed Operations: _____ Each Occurance: _____
Personal & Advertising Injury: _____ Medical Expense: _____ Employee Benefit: _____
Damage to Rented Premises: _____

PROPERTY

Please include building information for each location, use additional pages if necessary

Current Limits:
Business Income: _____ Business Personal Property: _____ Computer/Electronic Equipment: _____
Location #1: _____ Address: _____ Own Rent
Year Built: _____ # Stories: _____ Construction Type (ie: Steel, Wood, Concrete): _____
Total building square footage: _____ Occupied square footage: _____

Building Improvements:
Wiring Year: _____ Plumbing Year: _____ Roofing Year: _____ Heating Year: _____

Exposure: What surrounds the building?
Right side: _____ Left side: _____ Rear: _____

Alarms/Protection:
Burglar: _____ Company: _____ Guard/Watcman: _____ Fire: _____ Sprinklers: _____

COMMERCIAL INSURANCE QUESTIONNAIRE

UMBRELLA

CURRENT LIMITS _____

COMMERCIAL COVERAGE HISTORY

Policy Year: _____ Insurance Carrier: _____ Policy Number: _____
Policy Year: _____ Insurance Carrier: _____ Policy Number: _____
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VEHICLES

Use additional pages if necessary

CURRENT LIMITS

Liability: _____ Property Damage: _____ Medical Payments: _____ # of Vehicles: _____
Collision: _____ Compensation: _____ Deductible: _____ # of Drivers: _____

VEHICLE #1 Make: _____ Model: _____ Year: _____ VIN#: _____
Overall Use: Pleasure Retail Service Mileage to Work: _____ Garaging Zip Code: _____

DRIVER INFORMATION Name: _____ Date of Birth: _____ Driver's License #: _____ State: _____

VEHICLE #2 Make: _____ Model: _____ Year: _____ VIN#: _____
Overall Use: Pleasure Retail Service Mileage to Work: _____ Garaging Zip Code: _____

DRIVER INFORMATION Name: _____ Date of Birth: _____ Driver's License #: _____ State: _____

VEHICLE #3 Make: _____ Model: _____ Year: _____ VIN#: _____
Overall Use: Pleasure Retail Service Mileage to Work: _____ Garaging Zip Code: _____

DRIVER INFORMATION Name: _____ Date of Birth: _____ Driver's License #: _____ State: _____

VEHICLE COVERAGE HISTORY

Policy Year: _____ Insurance Carrier: _____ Policy Number: _____
Policy Year: _____ Insurance Carrier: _____ Policy Number: _____
Policy Year: _____ Insurance Carrier: _____ Policy Number: _____