

Commercial Insurance Questionnaire



This Questionnaire is only for obtaining customer Information.



Acord or Company specific Applications,
Completed in Full are required for Submission

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:	<div><div><input type="checkbox"/> "C" Corporation</div><div><input type="checkbox"/> Partnership</div><div><input type="checkbox"/> LLC</div></div> <div><div><input type="checkbox"/> "S" Corporation</div><div><input type="checkbox"/> Individual</div><div><input type="checkbox"/> LLP</div></div>	

COMPLETE DESCRIPTION OF BUSINESS OPERATIONS:

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PROPERTY:

	LOCATION #1	LOCATION #2
BUILDING VALUE:		
SQUARE FOOTAGE:		
% OCCUPIED BY INSURED:		
# OF STORIES:		
CONSTRUCTION OF BUILDING:		
YEAR BUILT:		
YEAR UPDATED - ROOF:		
YEAR UPDATED - ELECTRIC:		
YEAR UPDATED - HVAC:		
YEAR UPDATED - PLUMBING:		
FIRE EXTINGUISHERS:	YES or NO	YES or NO
SMOKE DETECTORS:	BATTERY or WIRED	BATTERY or WIRED
ALARM:	LOCAL or CENTRAL	LOCAL or CENTRAL
PROTECTION CLASS:		
% OF BUILDING SPRINKLERED:		
CONTENTS VALUE:		
BUSINESS INCOME VALUE:		
PERIOD OF RESTORATION:	1/3 1/4 1/6 1/12 or ACTUAL	1/3 1/4 1/6 1/12 or ACTUAL
BUILDING POSSESSION:	OWNED or LEASED	OWNED or LEASED
PTY DEDUCT. REQUESTED:	500 1,000 5,000	500 1,000 5,000
MORTGAGEE*:	YES or NO	YES or NO
ADDITIONAL INSUREDS*:	YES or NO	YES or NO

***Please complete information below**

Location # 2 Address: _____

MORTGAGEE/ADDITIONAL INSUREDS:

NAME:	
ADDRESS:	
INTEREST:	

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NAME:	
ADDRESS:	
INTEREST:	

GENERAL LIABILITY:

	LOCATION #1	LOCATION #2
OCCURRENCE LIMIT:		
AGGREGATE LIMIT:		
FIRE LEGAL LIABILITY LIMIT:		
GROSS ANNUAL SALES:		
PAYROLL:		
PAYROLL CLASSIFICATION:		
ADDITIONAL INSURED*	YES or NO	YES or NO
SUB-CONTRACTORS USED:	YES or NO	YES or NO
COST OF SUB-CONTRACTORS:		
SUB. AGREEMENTS USED**:	YES or NO	YES or NO
SUB. CERTS. OBTAINED:	YES or NO	YES or NO
LIMITS REQUIRED FOR SUBS:		
ANY VACANT LAND - ACRES:		
ANY LEASED BLDGS. - #:		

*Please complete information below

**Please obtain copy of sub-contractor agreement

ADDITIONAL INSURED:

NAME:	
ADDRESS:	
INTEREST:	

NAME:	
ADDRESS:	
INTEREST:	

CRIME:

	LOCATION #1	LOCATION #2
ACCOUNTS RECEIVABLE:		
EMPLOYEE DISHONESTY:		
MONIES & SECURITIES - IN:		
MONIES & SECURITIES - OUT:	3	

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VALUABLE PAPERS/RECORDS:		
FORGERY & ALTERATIONS:		

AUTOMOBILE:

	POLICY LEVEL COVERAGE
LIMIT OF LIABILITY:	
HIRED/NON-OWNED LIABILITY:	YES or NO
HIRED PHYSICAL DAMAGE:	
COST OF HIRE:	
DRIVER OTHER CAR:	YES or NO
# OF PEOPLE - D.O.C.:	
NAMES OF D.O.C. DRIVERS:	

	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
YEAR:				
MAKE:				
MODEL:				
VIN #:				
COST NEW:				
GVW:				
USE*:	C S R P	C S R P	C S R P	C S R P
COLLISION:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
COMPREHENSIVE:	YES or NO	YES or NO	YES or NO	YES or NO
DEDUCTIBLE:				
RADIUS OF USE:	50 100 200	50 100 200	50 100 200	50 100 200
GARAGING ZIP CODE:				
LOSS PAYEE:	YES or NO	YES or NO	YES or NO	YES or NO

*Vehicle Use: C = Commercial S = Service R = Retail Delivery P = Personal

LOSS PAYEES:

NAME:	
ADDRESS:	
VEHICLE:	

NAME:	
ADDRESS:	
VEHICLE:	

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DRIVER SCHEDULE:

	DRIVER #1	DRIVER #2	DRIVER #3	DRIVER #4
NAME:				
STATE LICENSED:				
DATE OF BIRTH:				
LICENSE #:				

INLAND MARINE:

	#1	#2	#3	#4
YEAR:				
MAKE:				
MODEL:				
SERIAL #:				
ACTUAL CASH VALUE:				
DEDUCTIBLE:				

INSTALLATION FLOATER: AMOUNT OF COVERAGE DESIRED: \$_____

BLANKET VALUE: \$ _____

UNSCHEDULED EQUIPMENT VALUE: \$ _____

MAXIMUM VALUE PER ITEM - UNSCHEDULED: \$ _____

COMPUTER EQUIPMENT:

	HARDWARE	SOFTWARE
DESCRIPTION:		
VALUE:		

BOILER & MACHINERY:

	LOCATION #1	LOCATION #2
BUILDING LIMIT:		
CONTENTS LIMIT:		
MACHINERY/EQUIPMENT LIMIT:		
DEDUCTIBLE:		

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WORKERS' COMPENSATION:

	CLASS CODE	CLASS CODE	CLASS CODE	CLASS CODE
CLASS CODE:				
CLASS DESCRIPTION:				
PAYROLL:				
# OF FULL TIME EMP:				
# OF PART TIME EMP:				

CORPORATE OFFICERS:

	PRESIDENT	V. PRESIDENT	SECRETARY	TREASURER
NAME:				
DATE OF BIRTH:				
SOCIAL SECURITY #:				
% OF OWNERSHIP:				
INCLUDED/EXCLUDED:				
ANNUAL SALARY:				
OFFICERS DUTIES:				

UMBRELLA:

LIMIT OF LIABILITY REQUESTED: \$ _____

SELF-INSURED RETENTION: \$0 \$5,000 \$10,000 \$20,000

NOTES:

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ADDITIONAL INFORMATION NEEDED TO PROVIDE QUOTE:

	INCL.	MISSING	OTHER	
★ 3 YEARS HARD COPY LOSS RUNS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF EMPLOYMENT APPLICATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF EMPLOYEE HANDBOOK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF MOST RECENT FINANCIALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
★ COPY OF MARKETING MATERIALS (BROCHURES, PAMPHLETS, ETC.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADDITIONAL COVERAGES REQUESTED - SUPPLEMENTALS REQUIRED:

	YES	NO
LIQUOR LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
PROFESSIONAL LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
DIRECTORS & OFFICERS LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
POLLUTION	<input type="checkbox"/>	<input type="checkbox"/>
GARAGE LIABILITY/GARAGEKEEPERS	<input type="checkbox"/>	<input type="checkbox"/>
MARINE LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
AIRCRAFT LIABILITY	<input type="checkbox"/>	<input type="checkbox"/>
FLOOD COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>
EARTHQUAKE COVERAGE	<input type="checkbox"/>	<input type="checkbox"/>
EMPLOYMENT PRACTICES LIABILITY - STAND ALONE	<input type="checkbox"/>	<input type="checkbox"/>

CURRENT/PRIOR INSURANCE INFORMATION:

	2007	2006	2005	2004
CARRIER:				
EXPIRATION DATE:				
PROPERTY PREMIUM:				
LIABILITY PREMIUM:				
AUTO PREMIUM:				
WC PREMIUM:				
UMBRELLA PREMIUM:				