

Commercial Insurance Questionnaire

Named Insured: _____

DBA: _____

Contact Name: _____

Mailing Address: _____

Physical Address: _____

Phone: _____ Fax: _____ Email: _____

FEIN/SSN _____ Date Business Began: _____

Operations: _____

Years of experience in the field: _____

Description of prior management experience in the field: _____

Number of Employees: _____ Estimated Payroll: _____

Gross Revenue/Sales: _____

Prior Insurance: _____

Currently Valued Loss Runs (3-5 Years) _____ Yes _____ No

Property Insurance

Year Built: _____ Construction: _____ Square Footage _____

If over 25 years old, year following have been updated:

Roof _____ Wiring _____ Plumbing _____ Heating _____

Sprinklers ____ Yes ____ No Percentage ____

Fire Alarm ____ Yes ____ No Central Station ____ Yes ____ No

Burglar Alarm ____ Yes ____ No Central Station ____ Yes ____

Building Limit: _____ Business Personal Property _____

Workers Compensation (Employees/payroll need to be broken down by job duties)

Employees Duties: _____ Payroll: _____

Number of Full Time Employees _____ Number of Part Time Employees _____

Clerical Employees: _____ Payroll _____

Number of Full Time Employees _____ Number of Part Time Employees _____

Outside Sales Employees: Payroll _____

Number of Full Time Employees _____ Number of Part Time Employees _____

Officers (Provide ownership percentage, corporate title & duties)

Commercial Auto

Driver (Name as appear on License) _____

License Number: _____ State License: _____ DOB: _____

Driver (Name as appear on License) _____

License Number: _____ State License: _____ DOB: _____

Driver (Name as appear on License) _____

License Number: _____ State License: _____ DOB: _____

Driver (Name as appear on License) _____

License Number: _____ State License: _____ DOB: _____

Driver (Name as appear on License) _____

License Number: _____ State License: _____ DOB: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____

Vehicle: Year _____ Make _____ Model _____

VIN: _____