



Commercial Insurance Questionnaire

Please complete the information below. IMPORTANT: This form is not an insurance policy – it is general information necessary to prepare a quotation. Note that many carriers require a complete signed carrier application specific to their product offerings.

GENERAL INFORMATION

Applicant Name: _____
Business Name: _____
DBA (if applicable): _____
Mailing Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Location Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Principal Contact Name: _____
Phone: _____ Email: _____
Legal Entity (Check one):
 Corporation LLC Partnership Individual Not For Profit Other (please specify):
Date Business Established: _____
FEIN: _____
SIC Code: _____
Years in Operation: _____
Years of Owner Experience in Industry: _____
Description of Operations (Min. 10 Words): _____
Number of Employees:
Full Time _____ Part Time _____
Gross Annual Payroll: \$ _____
Gross Annual Revenue: \$ _____
Insurance Coverage Requested (Check all that apply):
 Business Owners Policy (BOP) General Liability Professional Liability
 Commercial Auto Workers' Comp Other
Current Insurance Carrier (If no insurance, enter "NONE"): _____
Current Policy Expiration Date: _____
Current Policy Retroactive Date: _____
Current Limits: _____
Desired Effective Date for New Policy: _____
Desired Limits: _____
Desired Deductible: _____

PROPERTY DETAILS

Are you requesting Property Coverage Yes No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Is there Boiler Machinery Coverage Exposure Yes No
Is there Earthquake Sprinkler Leakage Exposure Yes No
Is there Underground Tank Leakage Exposure Yes No
Do employees handle cash Yes No
Building Ownership (Check one): Owned Triple Net Lease Lease

Location 1 Street Address: _____
 City: _____ County: _____ State: _____ Zip: _____
 Building Information
 Insured sq feet: _____ Occupied sq feet: _____ Unoccupied sq feet: _____ Total: _____
 Describe other occupancies: _____

Construction Type: _____ Number of stories: _____ % Sprinklered: _____
 Building within city limits: Yes No
 Year Built: _____
 Year Renovated (Mandatory if building is greater than 10 years old):
 Roof _____ Electrical _____ Plumbing _____ Heating/AC _____

Building Security
 Fire Alarm: None Local Central
 Burglar Alarm: None Local Central
 Smoke Detectors: None Battery Hardwired

Property Values
 Building: _____ Personal Property: _____ Stock: _____
 Business Income
 Annual Gross Revenue: _____ Estimate Annual Payroll: _____

Complete the Property section above for all additional locations.

GENERAL LIABILITY

Are you requesting General Liability Coverage: Yes No
 If no, list the current carrier - if no current insurance, enter "NONE". _____
 Desired Amount of General Liability Coverage: _____
 Are Professional Services offered: Yes No
 If yes, describe (Min. 10 Words): _____

Are any autos used exclusively for business use Yes No
 Do any employees use a personal auto for business use Yes No
 Are any web based services offered Yes No
 Are credit card payments accepted Yes No
 Is there a program to identify identity theft Yes No
 Is there Underground Tank Leakage Exposure Yes No
 Is there a Pollution Exposure Yes No

PROFESSIONAL LIABILITY

Are you requesting Professional Liability Coverage: Yes No
 If no, list the current carrier - if no current insurance, enter "NONE". _____
 Desired Amount of Professional Liability Coverage: _____
 Describe Professional Services offered: (Min. 10 Words): _____

Does your firm provide services outside the U.S. Yes No
 Percentage of Services: _____% US _____% Foreign
 Does your firm use Independent Contractors (ICs) or Sub Contractors Yes No
 Full Time _____ Part Time _____
 Is there a formal Safety Plan: Yes No
 What is the percentage of your firm's gross Fees paid to ICs or Sub Contractors last year:
 Do you request Certificates of Insurance from ICs and Sub Contractors: Yes No
 Do you have written agreements on every project: Yes No
 Do ICs and Sub Contractors have written agreements: Yes No
 Do you provide Professional Liability to your ICs and Sub Contractors: Yes No

ALLIED MEDICAL AND MEDICAL PROFESSIONAL LIABILITY

Are you requesting Allied Medical Professional Liability Coverage: Yes No
 If no, list the current carrier - if no current insurance, enter "NONE". _____
 Desired Amount of Professional Liability Coverage: _____
 Describe Professional Services offered: (Min. 10 Words): _____

Does your firm use Independent Contractors (ICs) or Sub Contractors Yes No
 Full Time _____ Part Time _____

Do you employ Physicians or Surgeons Yes No
 Is there a Medical Director Yes No
 Does the Medical Director have their own insurance Yes No
 Do you request Certificates of Insurance from ICs and Sub Contractors Yes No
 Do you have written agreements on every project Yes No
 Do ICs and Sub Contractors have written agreements Yes No
 Do you provide Professional Liability to your ICs and Sub Contractors Yes No
 Do you bill for Medicare/Medicaid Yes No

WORKERS' COMPENSATION

Are you requesting Workers' Compensation Coverage: Yes No
 If no, list the current carrier - if no current insurance, enter "NONE". _____

Number of Employees:
 Full Time _____ Part Time _____ Volunteer _____ TOTAL _____

Number of Independent Contractors (ICs):
 Full Time _____ Part Time _____

Are Medical Benefits Offered Yes No
 Do you offer Paid Vacation Yes No
 Is there a formal Safety Program Yes No
 Total Estimated Payroll: \$ _____

Payroll Information:

| Class Code, Duties, or Description | # Employees | | Estimated Payroll |
|------------------------------------|-------------|----|-------------------|
| | FT | PT | |
| | | | |
| | | | |
| | | | |

For the Payroll Information section above for all locations

Employees/Owners to Be Excluded:

| Name | Title | Estimated Payroll |
|------|-------|-------------------|
| | | |
| | | |
| | | |

ADDITIONAL COVERAGE INTERESTS

Check all that apply:

| | | | |
|---------------------------------|--------------------------|--------------------------------|--------------------------|
| Commercial Umbrella | <input type="checkbox"/> | Employment Practices Liability | <input type="checkbox"/> |
| Buy/Sell Agreement | <input type="checkbox"/> | Bonds | <input type="checkbox"/> |
| Crime/Employee Dishonesty | <input type="checkbox"/> | Medicare/Medicaid Billing E&O | <input type="checkbox"/> |
| Cyber Liability | <input type="checkbox"/> | Regulatory Shut Down | <input type="checkbox"/> |
| Directors and Officer Liability | <input type="checkbox"/> | Other | <input type="checkbox"/> |