



658 W Indiantown Rd.
Ste 203
Jupiter, FL 33458

Commercial Insurance Questionnaire

APPLICANT INFORMATION

1)

Applicant Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

FEIN: _____ Phone #: _____ Email: _____

Website Address: _____

Corporation Individual LLC Partnership Other _____

OTHER NAMED INSURED

2)

Applicant Name: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

FEIN: _____ Phone #: _____ Email: _____

Website Address: _____

Corporation Individual LLC Partnership Other _____

What type of insurance(s) are you looking to quote? _____

CONTACT INFORMATION

Contact Type: _____ Contact Name: _____

Primary Phone: _____ Home _____ Business _____ Cell _____

Primary Email Address: _____



Commercial Insurance Questionnaire

PREMISES INFORMATION

1).

Location #: _____ Street : _____ City: _____
State: _____ County: _____ ZIP: _____
of Employees: _____ Annual Revenues: _____

OTHER NAMED INSURED

2).

Location #: _____ Street : _____ City: _____
State: _____ County: _____ ZIP: _____
of Employees: _____ Annual Revenues: _____

NATURE OF BUSINESS

Apartments Condominiums Contractor Institutional
Manufacturing Office Restaurant Retail Service
Wholesale

Description of Primary Operations: _____



Commercial Insurance Questionnaire

GENERAL INFORMATION: Explain all "Yes" responses (For all past of present operations)

1. Is the applicant a subsidiary of another entity? _____
 2. Does the applicant have any subsidiaries? _____
 3. Is a formal safety program in operation? _____
 4. Any exposure to flammables, explosives, chemicals? _____
 5. Any other insurance with this company? _____
 6. Any policy or coverage declined, cancelled, or non-renewed during the prior three (3) years for any premises or operations? _____
 7. Any past losses or claims relating to sexual abuse or molestation allegations, discrimination, or negligent hiring? _____
 8. During the last five (5) years, has any applicant been indicted for or convicted of any degree of the crime fraud, bribery, arson, or any other arson-related crime in connection with this or any other property? _____
 9. Any uncorrected fire and/or safety code violations? _____
 10. Has applicant had a foreclosure, repossession, bankruptcy, or filed for bankruptcy during the last five (5) years? _____
 11. Has applicant had a judgement or lien during the last five (5) years? _____
 12. Has business been placed in a trust? _____
 13. Any foreign operations, foreign products distributed in USA, or US products sold/distributed in foreign countries? _____
 14. Does applicant have other business ventures for which coverage is not requested? _____
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Commercial Insurance Questionnaire

PRIOR CARRIER INFORMATION

1)

General Liability Automobile Property Other

Year: _____ Carrier: _____ Policy #: _____ Premium: _____

Effective Date: _____ Expiration Date: _____

2)

General Liability Automobile Property Other _____

Year: _____ Carrier: _____ Policy #: _____ Premium: _____

Effective Date: _____ Expiration Date: _____

LOSS HISTORY

Do you have any losses? _____

Please provide loss runs