



Business Insurance Questionnaire

1. General Business Information

- **Business Name:**
- **Business Legal Structure (e.g., LLC, Corporation, Sole Proprietor):**
- **Business Address:**
- **Primary Contact Information (Phone & Email):**
- **Website:**
- **Year Established:**
- **Describe the type of business or industry (Products/Services offered):**
- **Federal Employer Identification Number (EIN):**

2. General Liability Insurance (GL)

- **Do you currently have General Liability Insurance?**
 - Yes
 - No
- **Annual Revenue (or estimated for the next 12 months):**
- **Do you have physical locations (e.g., offices, stores, warehouses)?**
 - Yes
 - No
- **Do you interact directly with customers or clients in-person?**
 - Yes
 - No
- **Do you provide professional services or consulting?**
 - Yes
 - No
- **Do you own, lease, or rent property?**

- Own
 - Lease
 - Rent
- **Do you have any subcontractors working for your business?**
 - Yes
 - No
- **Any history of claims related to bodily injury or property damage (within the last 5 years)?**
 - Yes
 - No
- **Are there any high-risk activities conducted on your premises or during your operations (e.g., heavy machinery, construction, etc.)?**
 - Yes
 - No
- **Estimated number of employees:**
 - Full-time: ____
 - Part-time: ____
 - Contractors: ____
- **Annual Payroll (or Estimated for the next 12 months)?:**

3. Workers' Compensation Insurance (WC)

- **Do you currently have Workers' Compensation Insurance?**
 - Yes
 - No
- **Do you have employees working in high-risk or hazardous environments (e.g., construction, manufacturing, healthcare)?**
 - Yes
 - No
- **Do you have employees working remotely or in other locations outside of your primary business premises?**
 - Yes

- No
- **Do you perform any manual labor or physical work that could increase the risk of injury?**
 - Yes
 - No
- **Do you provide employee safety training or maintain safety protocols?**
 - Yes
 - No
- **Average number of employees per year for WC calculation:**
 - Full-time: ____
 - Part-time: ____
- **Do you have a safety program in place to minimize workplace accidents?**
 - Yes
 - No

4. Umbrella Insurance

- **Do you currently have an Umbrella Insurance policy?**
 - Yes
 - No
- **What is the total value of your current General Liability and Workers' Compensation policies combined (or estimated)?**
- **Do you have any existing Umbrella Insurance in place for other liabilities or claims?**
 - Yes
 - No
- **What is your desired Umbrella Insurance coverage amount?**
 - \$1 million
 - \$2 million
 - \$5 million
 - Custom amount: \$____
- **Do you have any other underlying policies (e.g., Commercial Auto, Professional Liability, etc.)?**



- Yes
 - No
- **Do you operate in multiple states or countries that may require additional coverage or compliance?**
 - Yes
 - No

5. Business Operations and Risk Assessment

- **Do you have a formal risk management plan?**
 - Yes
 - No
- **Are there any significant seasonal fluctuations in your business operations or revenue?**
 - Yes
 - No
- **Do you have any known or anticipated business expansions, relocations, or acquisitions in the coming year?**
 - Yes
 - No
- **Are you involved in any contracts that could potentially increase liability risks (e.g., construction, service agreements, etc.)?**
 - Yes
 - No
- **Are there any specific coverage exclusions or limitations you want to avoid?**
 - Yes
 - No
- **Have you had any previous claims, lawsuits, or legal issues in the last 5 years?**
 - Yes
 - No

6. Additional Information

- **Do you operate any business-owned vehicles?**

- Yes
 - No
- **Do you offer products that require professional certifications or specialized knowledge?**
 - Yes
 - No
- **Are you subject to any industry-specific regulations (e.g., health & safety, environmental laws)?**
 - Yes
 - No
- **Would you like to include any additional coverage types (e.g., Cyber Liability, Commercial Auto, Equipment Breakdown, etc.)?**
 - Yes
 - No

