



## RBD Insurance — Services —

725 W Elliot Road, #101-4, Gilbert, AZ 85233 (480)297-3666 Fax: (480)718-7930

### **Commercial Insurance Fact Finder**

Requested Effective Date \_\_\_\_\_

If existing business, please order 5 years of Loss Runs immediately.

Depending on the type of business, commercial insurance quotes average 5-7 business days for a return quote from the underwriters, IF, we are not having to follow up for additional information and supplement applications. Of course we do our best to expedite for you.

#### **INFORMATION NEEDED FOR ALL CLIENTS:**

- Named Insured:
- Business Address:
- Mailing Address (if different):
- Contact Person/Title:
- Phone/Fax/Mobile #:
- Email:
- Web Site:
- Business type (Corp/LLC/Non-Profit/):
- Tax ID#(SSN for sole proprietor):
- Nature of business (Detailed description of your entire business operations):
  
- Please list any special concerns/needs you might have regarding your coverage:

- Hours of Operation (if applicable) (When are you open for business?):
- Years in Business:
- Years Experience (in this type of business situation, especially important for start ups):
- Gross Receipts (**annual sales, please estimate if necessary...even for start ups**):
- Gross Receipts – if there are different operations (sales & installation) please indicate each amount
- Percentage of Receipts from Internet Sales? \_\_\_\_\_ %
- Payroll (monthly, **please estimate for start up**, clarify owner draw):
- Payroll – As with Gross Receipts please split out (sales, installation, clerical, etc):
- Number of Employees (part time/full time):
- Are they covered by Workers Comp?:
- Does the company provide group health benefits? :
- Do you use sub contractors? :
- If yes, what percentage of the work is done by the subs? :
- Annual Sub Costs? :
- What type of work do you sub out? :
- Prior Insurance Carrier:
- How Long with this Carrier?:
- Expiring Premium:
- Policy Number of prior carrier and expiration date:
- Do you have a copy of “loss runs” from your prior carrier (Needed by “new” carriers...easy to get, just request from your current/prior carrier)?:
- Coverage/Limits Requested:
- Do you need any Additional Insureds listed on your policy?:
- If yes, how many?:
- Relationship of Additional Insured?(Vendor, landlord, etc):
- Do you need Certificates with Waiver of Subrogation? Primary Wording?:
- Do you have a contractual requirement for your insurance limits? If so, please attach a copy of the insurance requirements portion of the contract :
- Any prior claims?:
- If yes, date and amount paid, and short description of the claim:

## **BUSINESS PROPERTY OR BUSINESS PERSONAL PROPERTY COVERAGE**

**If you want coverage for your building, fill in everything below. If you want coverage for your Business Personal Property (office furniture, equipment, tools, inventory, etc) then please be sure to fill in everything below EVEN if we are not insuring the building itself. The underwriters have to know what type of structure your property is housed.**

- Amount of Business Personal Property-\$
- Tenant Improvement Coverage (if applicable)-\$
- Amount of Inventory: \$
- Building Value : \$
- Type of construction(Block, steel, frame):
- Year Built:
- Alarms? :
- If yes- who is it monitored by? :
- Sprinklers? :
- How many stories?:
- Square footage? (of building):
- Square Footage for your business:
- Are there any other businesses in the same building? :
- If yes, please list type(office, restaurant, etc):
- What type of roof? :
- If age of the building is over 20 years....what, if any renovations have been made?:
- More than one location? If yes please provide answers on all: