



COMMERCIAL QUESTIONNAIRE

BUSINESS NAME: _____

CONTACT PERSON: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

CITY, STATE, ZIP: _____

EMAIL: _____

FEIN NUMBER: _____

DESCRIPTION OF PRIMARY OPERATIONS:

ANY SUBSIDIARIES?: _____

ANY BANKRUPTCIES, REPOSSESSION, OR FORECLOSURES IN THE LAST 5 YEARS?:

INSURANCE POLICIES QUOTING:

GENERAL LIABILITY PROPERTY COMM AUTO OTHER

CURRENT INSURANCE CARRIER?: _____

EFFECTIVE/EXPIRATION DATE: _____

PREMIUM: _____

PREVIOUS CLAIMS:

Check here if none:

Date of Occurrence	Line	Description	Amount Paid	Claim Open

ADDITIONAL COMMENTS:

General Liability

Current Policy Renewal Date: _____

LIMITS OF INSURANCE

General Aggregate	
Each Occurrence	
Prod & Comp Opp	
Pers & Adver Injury	
Damage to Rented	
Medical Exp	
Employee Benefits	

SCHEDULE OF HAZARDS

LOC#	HAZ#	CLASSIFICATION	CLASS CODE	EXPOSURE

- | | |
|--|---------------------------------|
| Draw plans, designs? | Rent or loan equipment? |
| Blasting or Explosives? | Recreation facilities provided? |
| Excavating or Tunneling? | Lodging inc Apartments? |
| Subs allowed to work without COIs? | Swimming pool? |
| Lease equipment to others? | Social events sponsored? |
| Install, Service, or Demonstrate Products? | Athletic teams sponsored? |
| Products related to Aircraft? | Demolition exposure? |
| Products Recalled or Discontinued? | Any joint ventures? |
| Products of Others sold under your label? | Lease employees? |
| Vendors Coverage Required? | Day care facilities? |
| Any Medical Facilities provided? | Crimes occurred on property? |
| Radioactive material? | Written Safety Policy? |

REMARKS

PROPERTY

EFFECTIVE DATE: _____

PREMISES INFORMATION

Premises #: _____ Building #: _____

Street Address: _____

Description: _____

Subject of Insurance	Amount	Coins%	Val.	Causes of Loss	Conditions to Apply

Construction Type: _____ Year Built: _____

Total Area: _____ # Stories: _____

Improvements: _____

Wiring: _____ Roofing: _____ Plumbing: _____ Heating: _____ Other: _____

Roof Type: _____ Burgular Alarm: _____

Mortgages or Lienholders: _____

Name & Address: _____

Premises #: _____ Building #: _____

Street Address: _____

Description: _____

Subject of Insurance	Amount	Coins%	Valuation	Causes of Loss	Conditions to Apply

Construction Type: _____ Year Built: _____

Total Area: _____ # Stories: _____

Improvements: _____

Wiring: _____ Roofing: _____ Plumbing: _____ Heating: _____ Other: _____

Roof Type: _____ Burgular Alarm: _____

WORKERS COMPENSATION

PROPOSED POLICY DATES: _____

LOC#	STREET, CITY, COUNTY, STATE, ZIP CODE

CONTACT INFORMATION:

TYPE	NAME	PHONE	EMAIL
INSPECTION			
ACCOUNTING			

INDIVIDUALS: INCLUDED/EXCLUDED: PARTNERS, OFFICERS, RELATIVES

LOC #	NAME	DOB	DUTIES	TITLE	OWNER%	INC/EXC	PAYROLL

LOC#	CLASS CODE	CATEGORIES/DUTIES	#EMPLOYEES		ESTIMATED PAYROLL
			FULL-TIME	PART-TIME	

PRIOR CARRIER INFORMATION:

YEAR	CARRIER	PREMIUM	MOD	CLAIMS	AMOUNT PAID

UNDERWRITING:

Own, Operate, or Lease Aircraft?
 Any Sub-contractors Used?
 Do Subs provide Certificates of Insurance?
 Written Safety Program?

Seasonal Employees?
 Physicals Required?
 Coverage Declined/Cancelled?
 Lease Employees?