New Business Questionnaire

Name of

Business:_____

Address of

Business:_____

_____

Phone:_____

Fax:_____

Contact Person:_____

Email:_____

Website:_____

Date Business Started:_____

Federal ID#:_____

Business Type:_____

Owners and Ownership %:_____

_____

Number of Employees:_____

Description of Business Operations:_____

Any Work Subcontracted: Y/N_____

Property Information

Building Value or

Replacement Cost:_____

Sq. Footage:_____

# of Stories:_____

Construction: Frame / Joisted Masonry / Masonry Non-Combustible / Other

% Occupied:_____

Updates:

Roof:_____ **Electric:**_____ **Plumbing:**_____ **Heating:**_____

Smoke Detectors:

Hard Wired:_____ **Battery:**_____

Alarm System: **Yes/Type:**_____ **No:**_____

Sprinkler System: Y/N

Contents Coverage Amount:_____

Building Owned By Insured: Y/N

If Renting, Name of Landlord:_____

General Liability

Limit of Liability:_____ **Gross Sales:**_____ **Payroll:**_____

Inland Marine

Scheduled
Equipment:_____

_____

_____

_____

Blanket Limit Amount:_____

Additional Insureds:_____

Computer Equipment:_____

Amount:_____ **Back Up Daily: Y/N**

If Yes: Do You Have Software Duplicates? Y/N **On/Off Premise**

Automobile Information

Liability Limit:_____

Hired/Non-Owned Liability: Y/N **Limit:**_____

Hired Physical Damage: Y/N **Limit:**_____

Drive Other Car: Y/N

If Yes, Please List Drivers:_____

_____

_____

_____

Auto 1: **Year:**_____ **Make:**_____ **Model:**_____

VIN#:_____ **GVW:**_____ **Cost New:**_____

Collision: Y/N **Deductible:**_____

Comprehensive: Y/N **Deductible:**_____

Radius:_____ **Use: Personal / Service / Commercial**

Auto 2: **Year:**_____ **Make:**_____ **Model:**_____

VIN#:_____ **GVW:**_____ **Cost New:**_____

Collision: Y/N **Deductible:**_____

Comprehensive: Y/N **Deductible:**_____

Radius:_____ **Use: Personal / Service / Commercial**

Driver Information:

Driver 1: **Name:**_____

DOB:____/___/_____ **License #:**_____ **State:**_____

Driver 2: **Name:**_____

DOB:____/___/_____ **License #:**_____ **State:**_____

Driver 3: **Name:**_____

DOB:____/___/_____ **License #:**_____ **State:**_____

Worker's Comp

Total Payroll: $_____ **Total Employees:**_____ **FT**_____**PT**_____

Limit of Liability:

Each Accident:_____

Disease (Policy Limit):_____

Disease (Each Employee):_____

Payroll By Class:

Class Code:_____ **Payroll:**_____ **FT/PT**

Class Code:_____ **Payroll:**_____ **FT/PT**

Class Code:_____ **Payroll:**_____ **FT/PT**

Corporate Officers:

President:_____

DOB:____/___/_____ **% of Ownership:**_____**%** **To Be Covered: Y/N**

Salary if Included: $_____

Vice President:_____

DOB:____/___/_____ **% of Ownership:**_____**%** **To Be Covered: Y/N**

Salary if Included: $_____

Secretary:_____

DOB:____/___/_____ **% of Ownership:**_____**%** **To Be Covered: Y/N**

Salary if Included: $_____

Umbrella Coverage:

Limit of Liability:_____

Self Insured Retention:_____

Current Insurance Information

Insurance Carrier Name:_____

Expiration Dates:

General Liability (BOP/Package):____/___/_____ **Limit:**_____

Automobile:____/___/_____ **Limit:**_____

Work Comp:____/___/_____

Umbrella:____/___/_____ **Limit:**_____