Commercial Insurance Questionnaire

IMPORTANT: For specialty products, a formal quote requires signed applications and supplementals depending upon the risk. Once submitted to the carrier, a bindable quote will take a minimum of 3 business days after the carrier has received the submission.

GENERAL INFORMATION

Applicant Name: _____
Business Name: _____
DBA (if applicable): _____
Mailing Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Location Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Principal Contact Name: _____
Phone: _____ Email: _____
Legal Entity (Check one):
☐ Corporation ☐ LLC ☐ Partnership ☐ Individual ☐ Not For Profit ☐ Other (please specify):
Date Business Established: _____
FEIN: _____
SIC Code: _____
Years in Operation: _____
Years of Owner Experience in Industry: _____
Description of Operations (Min. 10 Words): _____
Number of Employees:
Full Time _____ Part Time _____
Gross Annual Payroll: $_____
Gross Annual Revenue: $_____
Insurance Coverage Requested (Check all that apply):
☐ Business Owners Policy (BOP) ☐ General Liability ☐ Professional Liability
☐ Commercial Auto ☐ Workers' Comp ☐ Other

Current Insurance Carrier (If no insurance, enter "NONE"): _____
Current Policy Expiration Date: _____
Current Policy Retroactive Date: _____
Current Limits: _____
Desired Effective Date for New Policy: _____
Desired Limits: _____
Desired Deductible: _____

PROPERTY DETAILS

Are you requesting Property Coverage ☐ Yes ☐ No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Is there Boiler Machinery Coverage Exposure ☐ Yes ☐ No
Is there Earthquake Sprinkler Leakage Exposure ☐ Yes ☐ No
Is there Underground Tank Leakage Exposure ☐ Yes ☐ No
Do employees handle cash ☐ Yes ☐ No

Building Ownership (Check one): ☐ Owned ☐ Triple Net Lease ☐ Lease

Location 1 Street Address: _____
City: _____ County: _____ State: _____ Zip: _____
Building Information
Insured sq feet: _____ Occupied sq feet: _____ Unoccupied sq feet: _____ Total: _____
Describe other occupancies: _____
_____
Construction Type: _____ Number of stories: _____ % Sprinklered: _____
Building within city limits: ☐ Yes ☐ No
Year Built: _____
Year Renovated (Mandatory if building is greater than 10 years old):
Roof _____ Electrical _____ Plumbing _____ Heating/AC _____

Building Security

Fire Alarm:	☐ None	☐ Local	☐ Central
Burglar Alarm:	☐ None	☐ Local	☐ Central
Smoke Detectors:	☐ None	☐ Battery	☐ Hardwired

Property Values
Building: _____ Personal Property: _____ Stock: _____
Business Income
Annual Gross Revenue: _____ Estimate Annual Payroll: _____

Complete the Property section above for all additional locations.

GENERAL LIABILITY

Are you requesting General Liability Coverage: ☐ Yes ☐ No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Desired Amount of General Liability Coverage: _____
Are Professional Services offered: ☐ Yes ☐ No
If yes, describe (Min. 10 Words): _____
_____

Are any autos used exclusively for business use	☐ Yes	☐ No
Do any employees use a personal auto for business use	☐ Yes	☐ No
Are any web based services offered	☐ Yes	☐ No
Are credit card payments accepted	☐ Yes	☐ No
Is there a program to identify identity theft	☐ Yes	☐ No
Is there Underground Tank Leakage Exposure	☐ Yes	☐ No
Is there a Pollution Exposure	☐ Yes	☐ No

PROFESSIONAL LIABILITY

Are you requesting Professional Liability Coverage: ☐ Yes ☐ No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Desired Amount of Professional Liability Coverage: _____
Describe Professional Services offered: (Min. 10 Words): _____
_____

Does your firm provide services outside the U.S.	☐ Yes	☐ No
Percentage of Services: _____% US _____% Foreign		
Does your firm use Independent Contractors (ICs) or Sub Contractors	☐ Yes	☐ No
Full Time _____ Part Time _____		
Is there a formal Safety Plan:	☐ Yes	☐ No
What is the percentage of your firm's gross Fees paid to ICs or Sub Contractors last year:		
Do you request Certificates of Insurance from ICs and Sub Contractors:	☐ Yes	☐ No
Do you have written agreements on every project:	☐ Yes	☐ No
Do ICs and Sub Contractors have written agreements:	☐ Yes	☐ No
Do you provide Professional Liability to your ICs and Sub Contractors:	☐ Yes	☐ No

ALLIED MEDICAL AND MEDICAL PROFESSIONAL LIABILITY

Are you requesting Allied Medical Professional Liability Coverage: ☐ Yes ☐ No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Desired Amount of Professional Liability Coverage: _____
Describe Professional Services offered: (Min. 10 Words): _____
_____
Does your firm use Independent Contractors (ICs) or Sub Contractors ☐ Yes ☐ No
Full Time _____ Part Time _____

Do you employ Physicians or Surgeons	☐ Yes	☐ No
Is there a Medical Director	☐ Yes	☐ No
Does the Medical Director have their own insurance	☐ Yes	☐ No
Do you request Certificates of Insurance from ICs and Sub Contractors	☐ Yes	☐ No
Do you have written agreements on every project	☐ Yes	☐ No
Do ICs and Sub Contractors have written agreements	☐ Yes	☐ No
Do you provide Professional Liability to your ICs and Sub Contractors	☐ Yes	☐ No
Do you bill for Medicare/Medicaid	☐ Yes	☐ No

WORKERS' COMPENSATION

Are you requesting Workers' Compensation Coverage: ☐ Yes ☐ No
If no, list the current carrier - if no current insurance, enter "NONE". _____
Number of Employees:
Full Time _____ Part Time _____ Volunteer _____ TOTAL _____
Number of Independent Contractors (ICs):
Full Time _____ Part Time _____

Are Medical Benefits Offered	☐ Yes	☐ No
Do you offer Paid Vacation	☐ Yes	☐ No
Is there a formal Safety Program	☐ Yes	☐ No

Total Estimated Payroll: $_____

Payroll Information:

Class Code, Duties, or Description	# Employees FT	# Employees PT	Estimated Payroll

For the Payroll Information section above for all locations

Employees/Owners to Be Excluded:

Name	Title	Estimated Payroll

ADDITIONAL COVERAGE INTERESTS

Check all that apply:

Commercial Umbrella	☐	Employment Practices Liability	☐
Buy/Sell Agreement	☐	Bonds	☐
Crime/Employee Dishonesty	☐	Medicare/Medicaid Billing E&O	☐
Cyber Liability	☐	Regulatory Shut Down	☐
Directors and Officer Liability	☐	Other	☐