

Array Financial Services, Inc.
2500 Mendelssohn Ave N
Golden Valley MN 55427
763-504-3067 Voice 763-504-3011 Fax

Business Questionnaire - C

Date

Name of Business/Individual _____ Corp__ LLC__ Part__ Ind__

Mailing Address _____ City _____ Zip Code _____ Cty _____

Location Address: _____ City _____ State _____ Zip _____

Phone Number () _____ Fax # () _____ Cell # () _____

Fed ID # _____ State UC # _____ Contractor License Number _____

Owners Name _____ Date of Birth _____ Social Security Number _____

E-Mail Address _____ Web site _____

Current Property & Liability Ins Co Name _____ Effective Date _____ Premium _____

Current Workers Comp Insurance Company Name _____ Effective Date _____ Premium _____

Description of Business _____ #Years _____

Is the office out of your home? ___ If not, Number of Square Feet Rented _____ **Construction of Building** _____

Is it Sprinkled _____ Do you have a security System? _____ **Number of floors** _____ **Basement?** _____

If the building is owned, what is the **replacement value?** _____ **total square footage** _____ (**per floor**)

Year Bldg Built _____

Updates to Building if over 25 years old. Roof _____ Plumbing _____ Heating _____ Wiring _____

#of Employees _____ Approx. **Annual Payroll \$** _____ **Approx. Annual Sales \$** _____

Do you hire Subcontractors? **Y** ___ or **N** ___ Annual Cost of Subs \$ _____

Do you have Sub agreements? **Y** ___ or **N** ___

If more than one type of business, please separate the sales Figures. Approx. Annual Internet Sales \$ _____

Liability Limits Desired _____ **Contents/ Property Coverage** _____

Equipment Coverage Limit _____ Tool Coverage Limit _____

Jobsite Trailers Owned & Value _____ Do you rent Equipment? **Y** ___ or **N** ___

If yes, Approximately how often and what do you rent? _____

Do you have a Commercial Umbrella Policy? **Y** ___ or **N** ___ Limit _____ Annual Premium _____

Commercial Auto Coverage YES ___ or NO ___ (Use separate sheet of paper for vehicles and drivers) Limits _____

Must have: Year _____ Make _____ Model _____ VIN# _____ Cost _____

Driver's Full Names, Dates of Birth, and Drivers License #'s: (Please list on another sheet of paper) Please give dates and full description of **ANY** types of claims including windshield, storm damage etc.

*****We need Loss runs going back Five Years from your current carrier. *****