

## **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. \*\*\*\*\*