

Insurance Questionnaire

General Information

Applicant Name

First Name

Last Name

Email

example@example.com

Contact Number

Please enter a valid phone number.

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Company Name

Legal Entity

Nonprofit

Corporation

Partnership

LLC

Other

Business established date

Month Day Year

FEIN

SIC Code

Number of employees

Detailed informations about your business

Gross Annual Payroll (\$)

Gross Annual Revenue (\$)

Insurance coverage requested

Business Owner Policy (BOP)

Commercial Auto

General Liability

Professional Liability

Workers' compensation

Other

Current Insurance Carrier

Current Policy Expiration Date

Month Day Year

Current Policy Retroactive Date

Month Day Year

Desired Effective Date for New Policy

Month Day Year

PROPERTY DETAILS

Are you requesting Property Coverage

Yes

No

List the current carrier

Building Information

Construction Type

Year Built

Insured sq feet

Unoccupied sq feet

Year Renovated

Renovated Year

Roof

Electrical

Plumbing

Heating

Building Security

Local	Central	None
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Fire Alarm

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Burglar Alarm

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Building Property Value (\$)

Building Property Value (\$)

Building Property Value (\$)

Personal Property Value (\$)

Annual Gross Revenue (\$)

GENERAL LIABILITY

Are you requesting General Liability Coverage

Yes

No

Desired Amount of General Liability Coverage (\$)

Type a question

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

Professional Liability

Are you requesting Professional Liability Coverage?

Yes

No

Desired Amount of Professional Liability Coverage (\$)

Describe Professional Services offered?

Does your firm provide services outside the U.S.?

- Yes

No

Percentage of Services outside the U.S

Is there a formal Safety Plan?

- Yes

No

Does your firm use Independent Contractors (ICs) or Sub Contractors?

- Yes

No

What is the percentage of your firm's gross Fees paid to ICs or Sub Contractors last year?

Type a question

	Yes	No
Do you request Certificates of Insurance from ICs and Sub Contractors?		
Do you have written agreements on every project?		
Do ICs and Sub Contractors have written agreements?		
Do you provide Professional Liability to your ICs and Sub Contractors?		

Commercial Auto

Are you requesting Commercial Auto Coverage?

- Yes

Please fill out the vehicle schedule below. If you have more than 10 vehicles. Attach a vehicle schedule spreadsheet at the end of the application.

	Make and Model	Vin Number	Comp?	Collision?
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				
Vehicle 5				
Vehicle 6				
Vehicle 7				
Vehicle 8				
Vehicle 9				
Vehicle 10				

Do any employees use their personal vehicles for business use?

Yes

No

Inland Marine

Are you requesting Inland Marine insurance?

Yes

No

Please fill out the Equipment Schedule below listing your large equipment such as Forklifts, Dozers, Skid Steer ETC. If you have more than 10 please attach a spreadsheet at the end of the application.

	Make and Model	Serial Number	Garaging location?
Equipment 1			
Equipment 2			

Equipment 3			
Equipment 4			
Equipment 5			
Equipment 6			
Equipment 7			
Equipment 8			
Equipment 9			
Equipment 10			

For Contractors: What is the average size of your typical job?

For Contractors: What is your largest job over the last 12 months?

For Contractors: What is the value of all other tools and equipment not listed in the schedule above? Hammer, Drill, Levels ETC.

Workers' Compensation

Are you requesting Workers' Compensation Coverage?

Yes

No

Number of Employees

Full-time

Part-time

Number of Employees

Number of Independent Contractors (ICs)

Full-time

Part-time

Number of Independent Contractors (ICs)

Are Medical Benefits Offered?

Yes

No

Do you offer Paid Vacation?

Yes

No

Is there a formal Safety Program?

Yes

No

Total Estimated Payroll (\$)

Commercial Umbrella

Are you requesting a Commercial Umbrella?

Yes

No

What limit are you interesting in buying?

Please select any and all other coverages you either currently have or are interested in seeing quotes for.

Currently insured Would look at a quote I have never heard of this before

Errors and Omissions

Director's and Officer's

Employment Practices Liability

Kidnap and Ransom

Pollution

Please attach the following documents for review.

- Current copies of your insurance policies. General Liaiblity / Commercial Auto / Workers Compensation ETC.
 - At least three years loss history.
 - Pictures of any buildings to be insured.
 - Any other requested documents in the application.
- What is most important to you and your business regarding your insurance plan & broker? 1 being least 4 being most important.

	1	2	3	4
Price	.	.	.	.
Service	.	.	.	.
Support	.	.	.	.
Relationship	.	.	.	.
Dedicated Account Manager	.	.	.	.

Submit