

# COMMERCIAL INSURANCE QUESTIONNAIRE

## Applicant Information

Name \_\_\_\_\_

FEIN – Fed Employer ID # \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone#'s – Incl Cell & Fax \_\_\_\_\_

Year Business Started \_\_\_\_\_

If business less than 3 years  
old, # of years experience \_\_\_\_\_

Description of Operations \_\_\_\_\_

## Prior Coverage – Provide Complete Information for Past 5 Years

General Liability  Other \_\_\_\_\_

Insurance Co. \_\_\_\_\_

Workers' Comp  Other \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Expiration Date \_\_\_\_\_

# of Years with Prior Carrier \_\_\_\_\_ Current Rate Per \$100 of Payroll \_\_\_\_\_

Automobile  Other \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Expiration Date \_\_\_\_\_

# of Years with Prior Carrier \_\_\_\_\_ Current Annual Premium\$ \_\_\_\_\_

Property  Other \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Expiration Date \_\_\_\_\_

# of Years with Prior Carrier \_\_\_\_\_ Current Annual Premium\$ \_\_\_\_\_

In addition to the above information, in order to Bind coverage Loss runs from your prior carrier or carriers will be necessary for the past three years. you may contact your current agent or agents or my agency can produce a letter for you to sign and send directly to your current insurance carriers.

Physical Location #1 Information  Own  Rent

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Type of Construction \_\_\_\_\_ Bldg Improvements – IF Bldg over 25 yrs \_\_\_\_\_  
Year Built \_\_\_\_\_ Wiring \_\_\_\_\_  
Square Footage \_\_\_\_\_ Plumbing \_\_\_\_\_  
Roof Type & Age \_\_\_\_\_ Heating \_\_\_\_\_

Physical Location #2 Information  Own  Rent

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Type of Construction \_\_\_\_\_ Building Improvements \_\_\_\_\_  
Year Built \_\_\_\_\_ Wiring \_\_\_\_\_  
Square Footage \_\_\_\_\_ Plumbing \_\_\_\_\_  
Roof Type & Age \_\_\_\_\_ Heating \_\_\_\_\_

Physical Location #3 Information  Own  Rent

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Type of Construction \_\_\_\_\_ Building Improvements \_\_\_\_\_  
Year Built \_\_\_\_\_ Wiring \_\_\_\_\_  
Square Footage \_\_\_\_\_ Plumbing \_\_\_\_\_  
Roof Type & Age \_\_\_\_\_ Heating \_\_\_\_\_

Physical Location #4 Information  Own  Rent

Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Type of Construction \_\_\_\_\_ Building Improvements \_\_\_\_\_  
Year Built \_\_\_\_\_ Wiring \_\_\_\_\_  
Square Footage \_\_\_\_\_ Plumbing \_\_\_\_\_  
Roof Type & Age \_\_\_\_\_ Heating \_\_\_\_\_

***Please reproduce this page for additional locations.***

***Also, do you have a central monitored burglar and /or fire alarm system?***

***If so, who does the monitoring?***

***What time do you open and close?***

## GENERAL LIABILITY

### Liability Limits

- 500,000
- 1,000,000
- 2,000,000

### Rating Basis

Gross Annual Payroll \$ \_\_\_\_\_  
 Gross Annual Receipts \$ \_\_\_\_\_

**General Information – Explain all “Yes” responses in the “Remarks” space provided below.**

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any medical facilities provided or medical professionals employed or contracted?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any exposure to radioactive/nuclear materials?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Do/have past, present or discontinued operations involve(d) storing, treating, discharging, applying disposing, or transporting of hazardous material? (e.g. landfills, wastes, fuel tanks, etc.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Any operations sold, acquired, or discontinued in last 5 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Machinery or equipment loaned or rented to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Any aircraft, watercraft, docks, floats owned, operated, hired or leased?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any parking facilities owned/rented?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Is a fee charged for parking?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Recreation facilities provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there a swimming pool on the premises?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any athletic activities, sporting or social events sponsored?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Any structural alterations contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Any demolition exposure contemplated?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Has applicant been active in or is currently active in joint ventures?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Is there a labor interchange with any other business or subsidiaries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Are day care facilities operated or controlled?
<input type="checkbox"/> Yes <input type="checkbox"/> No	18. Have any crimes occurred or been attempted on your premises within the last 3 years?
<input type="checkbox"/> Yes <input type="checkbox"/> No	19. Is there a formal written safety and security policy in effect?
<input type="checkbox"/> Yes <input type="checkbox"/> No	20. Does the businesses’ promotional literature make any representations about the safety or security of the premises?

Remarks \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Additional Insured Information

List any entities, such as mortgage holder, landlord, for which proof of insurance must be provided.

Description of Interest	Additional Insured’s Name and Mailing Address	Additional Insured’s Fax #

## BUSINESS AUTO INFORMATION

### Driver Information

List all drivers.

Driver's Legal Name	Sex	Date of Birth	Drivers License Number & State	Social Security Number

### Accidents/Convictions

Has any driver shown above had an accident regardless of fault, or been convicted of a moving violation with the last 3 years?  Yes  No

If yes, answer the following questions for each accident/conviction

Driver	Date of Accident/Conviction	Description of Accident/Conviction	Place of Accident/Conviction	Bodily Injury or Death?	Dollar Amount of Property Damage

### Vehicle Information

Total Numbers of Vehicles \_\_\_\_\_

If necessary, please copy this page to complete following section for all vehicles or attach your spreadsheet providing all the information requested below for each vehicle.

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Year					
Make					
Model					
Body Type					
Vehicle ID #					
Registered State					
Cost New					
Description of Use					
Radius of Operation	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.	<input type="checkbox"/> 0-50 mi. <input type="checkbox"/> 51-200 mi. <input type="checkbox"/> Over 200 mi.
Physical Damage Coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lienholders Name And Address					

**Auto Limits to be Quoted – Choose one for each coverage**

- Liability       \$300,000       \$500,000       \$1,000,000
- Personal Injury Protection (per person)       \$2,500       \$5,000       \$10,000
- Uninsured/Underinsured Motorists       Same as Liability       Other \_\_\_\_\_
- Hired Auto Liability\*       None       \$1,000,000       Other \_\_\_\_\_
- Non-Owned Auto Liability\*       None       \$1,000,000       Other \_\_\_\_\_

Hired Auto Liability provides liability coverage for vehicles you rent or hire. Non-Owned Auto Liability provides liability coverage for your business when your employee uses their personal auto for your business.

**General Information – Provide explanation for all “Yes” responses**

<input type="checkbox"/> Yes <input type="checkbox"/> No	With the exception of any encumbrances, are any vehicles not solely owned by and registered to the insured?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do over 50% of the employees use their autos in the business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	IS there a vehicle maintenance program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles leased to others?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any vehicles customized, altered or have special equipment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are ICC, PUC or other filings required?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do operations involve transporting hazardous material?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any hold harmless agreements?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles used by family members? If so, identify in Remarks.
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant obtain MVR verifications?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant have a specific driver recruiting method?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are any drivers not covered by workers compensation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any vehicles owned but not scheduled on this application?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Any drivers with moving traffic violations?

Explanations:

**Lienholder Information**

Vehicle No.	Lienholder Name and Mailing Address	Loan Number

## WORKERS' COMPENSATION INFORMATION

### Locations

#	STREET, CITY, COUNTY, STATE, ZIP CODE

### Employer's Liability Limits – choose one of the following options

<input type="checkbox"/> \$100,000 \$500,000 \$100,000	Each Accident Disease-Policy Limit Disease Each Employee	<input type="checkbox"/> \$500,000 \$500,000 \$500,000	Each Accident Disease-Policy Limit Disease Each Employee	<input type="checkbox"/> \$1,000,000 \$1,000,000 \$1,000,000	Each Accident Disease-Policy Limit Disease Each Employee
--	--	--	--	--	--

### Rating Information

STATE	LOC # (above)	CLASS CODE	CATEGORIES, DUTIES, CLASSIFICATION	# EMPLOYEES		ANNUAL PAYROLL
				FULL TIME	PART TIME	

### General Information – Explain all "Yes" responses in the "Remarks" space provided below.

<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Any work performed underground of above 15 feet?
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. Any work performed on barges, vessels, docks, bridge over water?
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Is applicant engaged in any other type of business?
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are sub-contractors used? (If yes, give % or work subcontracted.)
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Any work sublet without certificates of insurance?
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Is a written safety program in operation?
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. Any group transportation provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. Any employees under 16 or over 60 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. Any seasonal employees?
<input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is there any volunteer or donated labor?
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. Any employees with physical handicaps?
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do employees travel out of state?
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. Are physicals required after offers of employment are made?
<input type="checkbox"/> Yes <input type="checkbox"/> No	14. Are employee health plans provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. Is there a labor interchange with any other business/subsidiary?
<input type="checkbox"/> Yes <input type="checkbox"/> No	16. Do you lease employees to or from other employers?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. Do any employees predominantly work at home?

Remarks \_\_\_\_\_  
\_\_\_\_\_