

CSR _____

BUSINESS INSURANCE QUESTIONNAIRE

Date: _____ Producer Code: _____ Federal ID # _____

Insd Name: _____ Eff Date _____

Mailing Add _____ Contact _____

City: _____ St _____ Zip _____ Email _____

Phone #(H): (____) - _____ Phone #(B): (____) - _____ Cell Number: (____) - _____

Home Fax (____) - _____ Work Fax (____) - _____ Bus Type _____

Descr. _____ Add'l Ins. Yes No _____

Liability Limit _____

Location Add _____

Building Cov _____ Perils _____ DED _____ Boiler/Mach. Yes No _____

Mortgagee Name & Add _____

Contents Cov _____ Perils _____ DED _____

Loss Payee- Name & Add _____

ACV _____ RC _____ Comments _____

Underwriting Information

Prot Class _____ Distance to Water _____ Bldg. Cons _____

Yr Built _____ Yrs at Location _____ Interest _____ Stories _____ Elev. Yes No _____

Units _____ Sq. Ft (Bldg.) _____ Sq. Ft.(Insrd) _____ Base Yes No A/C _____

Updates _____ Roof _____ Plg _____ Htg _____ Elec _____ Gar Yes No _____

Exp RT _____ LF _____ FR _____ RE _____

Yrs in Bus _____ Rental Income _____ # of Veh _____ Sprinkler _____

Fire Prot _____ Security _____ Window Guards Yes No _____

Payroll \$ _____ # of Empl _____ Sales \$ _____ Camera/Video Yes No _____

% Comm _____ % Res. _____ Prior Co _____ Roll Down Gate Yes No _____

Term _____ Prior Pol/ Prem _____

Misc. Cov or Instruc _____

Claims History _____

- Medical Ins Exp Date _____
- Workers Comp Date _____
- DBL Exp Date _____
- Com. Auto Exp Date _____
- Referral Memo
- Quote Given
- Quote Accepted
- Phone
- Written
- Premium
- MVR's Run
- Insrd. Code _____
- App Prepared and faxed for quotes
- Loss Run Requested
- If quotes accepted Fax/Mail Apps to insured for Signature / Quote
- Rec'd Signed App & Check
- Faxed/Mailed App or request to Co to bind
- Enter on Database
- Confirm Bound Cov.
- Mail Binder/COI
- Awaiting Policy

Business Insurance Questionnaire Form

Last updated: 8/6/08

Instructions

CSR, Producer Code: leave blank

Federal ID#: Your business federal ID

Insured Name: The name as it will appear on your policy

Eff Date: The date the policy should be effective

Contact: The person whom the agency and insurance company should contact regarding the policy

Bus Type: The type of legal entity the business is (e.g. LLC, Corporation, etc.)

Descr.: Class of business to be insured

Add'l Ins: Entities to which coverage will be extended under policy

Liability Limit: Limit of liability under policy

Location Add: Address of business or building to be insured

Building Cov: Building limit requested

Perils: Special or Basic

DED: Deductible

Boiler/Mach.: Is boiler and machinery/equipment breakdown coverage requested?

Mortgagee Name & Add: Please include if there is a mortgagee

Contents Cov: Contents limit requested/**Perils:** Special or Basic

Loss Payee Name & Add: Please include if there is a loss payee

ACV & RC: Do you want actual cash value or replacement cost, check one

Comments: Include any comments regarding this section of questionnaire

Prot Class & Distance to Water: leave blank

Bldg. Cons.: Frame, Joisted Masonry, Non-Combustible, Masonry Non-Combustible, or Fire Resistant

Yr Built: Year building was built

Yrs at Location: Years in business at location

Interest: Owner, Tenant, or Owner-Occupied

Stories: Number of stories in building

Elev.: Does property have elevator?

Units: Number of apartments and commercial spaces in building

Sq. Ft (Bldg.): Total square footage of structure

Sq. Ft. (Insrd): If you are occupying the space, square footage of space you rent

Base: Are you on the first floor? Choose yes or no.

A/C: None, Central Air, or Window Unit

Updates: Include information on recent upgrades to building

Roof, Plumbing (Plg), Heating (Htg), Electric (Elec): Indicate the year that each item was last upgraded, renovated, or had major repairs done

Gar: Does property have an unattached garage?

Exp: What is to the building's right, left, front, and rear?

Yrs in Bus: Years in business under this entity name at any location

Rental Income: What is your 12-month rental income as owner of property?

of Veh: Number of vehicles you own under this entity name

Sprinkler: Is building 100% sprinklered? Yes, No, Yes & Recently Flow Tested, or Yes w/ Stand Pipe

Fire Prot: Central Station Alarm or Local Smoke Detector

Security: Central Station Alarm, UL-Approved Central Station Alarm, or Local Alarm

Window Guards, Camera/Video, Roll Down Gate: Indicate whether or not property has these items

Payroll \$: 12-month salaries paid to employees

of Emp! Number of employees, including yourself

Sales \$: 12-month gross receipts

%Comm, %Res: Complete this only if you are a contractor

Prior Co: Insurance companies you have had for the last 3 years

Term: Number of months you want the policy for (most policies are for 12 months)

Prior Pol/Prem: Premium of expiring policy

Misc. Cov or Instruc: Miscellaneous coverage or instructions

Claims History: Notify us of any claims you have had in the last five years and how much was paid by insurance company

Expiration Dates: Please include the expiration dates for the following applicable policies: Medical, Workers Comp, Disability, Commercial Auto

After you complete the form, you can e-mail it to info@ccpinsurance.com or fax it to us at (516) 484-2129