



Business Insurance Questionnaire

General Business Information

Named Insured: _____

Business Name: _____

Contact: _____

Type of Business: _____

Description of Operations: _____

Date Business Established: _____

Street Address: _____

Other Locations: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____ Website: _____

Federal Tax ID #: _____ Type of Organization: _____

Principals / Owners / Officers

Name	Title	% Ownership

Number of employees Excluding owners, partners, officers? _____

Estimated Annual Receipts from last year? _____

Estimated Annual Receipts for next year? _____

What was amount of last year's payroll? _____

What is this year's projected payroll? _____

(Please attach copies of payroll reports: Texas Workforce Quarterly Report or 941S for Non-Profit)

Please classify payroll by duty of employee? _____

(attach separate sheet if necessary)



Business Insurance Questionnaire

Property Coverages

Amount of Building Coverage Needed: _____

Construction: _____ Square Feet: _____

Year Built: _____

Any Updates: _____

Lienholder Name and Address: _____

Contents Coverage Needed: _____

Computer Coverage Needed: _____

Does the building have a central station alarm? _____ Alarm company's name: _____

Does the building have any firewalls? _____ Is the building sprinklered? _____

Are there any other protections? _____

General Liability Coverages

Limit of GL Coverage Desired: _____ Per Occurrence / _____ Aggregate

Any Additional Insureds to be added? _____

What is the reason for adding them? _____

Additional Insured's Address: _____

City: _____ State: _____ Zip: _____

Automobile Coverages

What is the number of vehicles owned? _____

Do any employees use there own vehicles for business purposes? _____

If yes, do you require that they carry auto liability coverage? _____

Please complete the list of vehicles below. Attach a separate sheet if necessary:

VIN	Type	Make	Model	Use

Please complete the list of drivers below. Attach a separate sheet if necessary:

Name	Date of Birth	Driver's License Number and State



Business Insurance Questionnaire

Insurance History

Name of current insurance company? _____

Has coverage ever been non-renewed? _____

Has coverage ever been cancelled? _____

Please attach Loss Runs for the past five years on all coverages.

(On Worker's Compensation it must stipulate the premium and payrolls for each year.)

Please sign attached authorization letter allowing us to request loss runs.

Please attach copies of all current policies.

If loss runs are not available please list policy numbers and company names for each lines of business for 3 prior years. Attach a separate sheet if necessary:

Line of Business	Year	Policy Number	Company Name

Coverage Desired (Please Check)

Bonds: _____	General Liability: _____
Builder Risk: _____	Professional Liability: _____
Business Auto: _____	Property: _____
Crime: _____	Umbrella Liability: _____
D&O Liability: _____	Worker's Compensation: _____
Equipment: _____	
Other: _____	

Please note that all companies have different requirements and questions. These preliminary questions will get us started but in order for us to provide the best possible coverage and pricing available we might need additional information.