



COMMERCIAL QUESTIONNAIRE

Date: _____

Name: _____

Mailing: _____

Contact: _____

Phone#

Cell#

Email

Fax#

Business Name: _____

Business Address: _____

Business is: Indiv: _____ Corp: _____ LLC _____

#Partners _____ #Officers/Owners _____

Years Business Started: _____

EIN# _____ S/S# _____

Brief Description of Operations:

Territory of Operations: NJ _____ PA _____ DE _____ NY _____

Current Insurance Y _____ N _____

Coverage:

TYPE _____ COMPANY _____ EXPIRATIO _____ PREMIUM _____

Loss

History: _____

Property:

Address: _____

Construction: _____

Yr. Built _____ Total Sq. Ft: _____ # Stories _____

YR Updates: Elect _____ Plumbing _____ Roof _____ HVAC _____

Basement _____ Building Occupied _____ Vacant _____

Exposure: Left _____ Right _____

Alarm: _____ Type: _____

Monitoring Co. _____

Building Limits _____

Business Contents Limits _____

BusinessIncome/Limits _____ TypeRental _____ BusinessIncome _____

Spoilage: _____

Annual Projected Sales \$ _____

Mortgage Comp.: _____

Loss Payee: _____

GENERAL LIABILITY

Classification _____

Code

Exposure

Additional Insured _____

Additional Insured Interest

WORKERS COMPENSATION

State _____

Previous Coverage _____

Insurance Company Name _____

Policy Term _____

Do You Owe Any Insurance Company Any Unpaid Earned Premium or Audits

Employees _____

#Owners _____

Owners Included _____ **Excluded** _____

Classification _____

Code _____

Employment Liability Limits _____

Experience Modification _____

Total Annual Premium \$ _____

Any Other Business Interest Other Than Described Above _____

AUTOMOBILE

#Units _____

#Driver _____

Driver License _____

Garage Location _____

OTHER BUSINESS PURSUITS: PLEASE DRSCRIBE: _____

REFERAL: _____
