

Associate with Confidence and Trust



### COMMERCIAL PACKAGE QUESTIONNAIRE

Date: \_\_\_\_\_ Policy Effective Date: \_\_\_\_\_

Named Insured: \_\_\_\_\_

Db: \_\_\_\_\_ Fed. ID#: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax# \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email address: \_\_\_\_\_

website: \_\_\_\_\_ (if any)

Number of Years in Business: \_\_\_\_\_ Entity:  Corporation  Individual  Partnership  LLC

Mailing Address (if difference from the Location): \_\_\_\_\_

Nature of Business and Description of Operation: \_\_\_\_\_

Wholesaler  MFG  Lessor Risk  Retail  Service (Brochures / Photos)

Wholesalers: \_\_\_\_\_ % import. Import from: \_\_\_\_\_

<u>Prior Insurance Company</u>	<u>Policy Number</u>	<u>Expiration Date</u>
Current Yr. _____	_____	_____
1 <sup>st</sup> Prior Yr. _____	_____	_____
2 <sup>nd</sup> Prior Yr. _____	_____	_____

Claim History for past three years: (explain details of claims & amount paid) \_\_\_\_\_

#### **PROPERTY SECTION:**

Location: \_\_\_\_\_

Contents: \$ \_\_\_\_\_ (Furniture Fixtures, Equipment, inventory, TIB & Others)

Business Income: \$ \_\_\_\_\_ Coinsurance%:  80%  90%  100%

Peak Season Contents: \$ \_\_\_\_\_ (From: \_\_\_\_\_ to \_\_\_\_\_)

Computer hardware: \$ \_\_\_\_\_ Software: \$ \_\_\_\_\_

Property in transit: \$ \_\_\_\_\_

Mortgagee & Loss Payee: \_\_\_\_\_





**BUILDING INFORMATION:**

Construction type:  Frame  Joisted Masonry  Non-Combustible  Masonry Non-Combustible

# of Stories: \_\_\_\_\_ Year built: \_\_\_\_\_ Insured occupied: \_\_\_\_\_ sq.ft.

Building improvements if over 15 year old:

Wiring, yr: \_\_\_\_\_ Plumbing, yr: \_\_\_\_\_ Heating, yr: \_\_\_\_\_

Roofing, yr: \_\_\_\_\_ Other: \_\_\_\_\_

Burglar alarm type: \_\_\_\_\_ Fire alarm type: \_\_\_\_\_

Alarm service by: \_\_\_\_\_ Phone#: \_\_\_\_\_

Sprinkler system:  Yes  No Fenced:  Yes  No

Right exposure: \_\_\_\_\_ Left exposure: \_\_\_\_\_ Rear exposure: \_\_\_\_\_

Free Standing Building  Inside shopping mall  Shopping center (more than 10 stores)

***Is insurance coverage needed for building? Yes / No. If yes, building value \$ \_\_\_\_\_***

**LIABILITY SECTION:**

Liability limits requested: \$ \_\_\_\_\_ Per occurrence

\$ \_\_\_\_\_ General Aggregate

Umbrella limits requested: \$ \_\_\_\_\_ (if necessary)

Estimated Annual Gross Sales: \$ \_\_\_\_\_

Estimated Annual Payroll (If Contractor Risk) \$ \_\_\_\_\_ #of Employees: \_\_\_\_\_

Vendors Endorsement Included? Yes / No

If yes, provide list of vendors: \_\_\_\_\_

Name and address of other additional insured (if necessary) : \_\_\_\_\_

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CURRENT YEAR PREMIUM: \$ \_\_\_\_\_

**For New Business only:**

How many years of experience in the same industry? \_\_\_\_\_

Describe ownership / management duties:

\_\_\_\_\_

\_\_\_\_\_

**NOTES & MISC COVERAGES**

\_\_\_\_\_

\_\_\_\_\_

