

Complete name of your business

Mailing Address:

Physical location of your business:

Phone:                      fax number:                      Email address:

Have you owned this business for more than 3 years? ☐ Yes ☐ No

If No, how many years of experience do you have in this industry?

Tell me about your operation, services offered, hours of operation, etc and a website address if you have one:

Do you own the building you are in?                      If not, do you need to insure it?

What is the square footage of the building or space you occupy?                      When was it built?

If more than 30 years old, when were the following updated: electrical                      , roof                      ,  
heating/AC                      , and plumbing                      Is there a fire protection sprinkler system?

What is the building construction: ☐ Frame ☐ Brick ☐ Steel non-combustible ☐ Concrete Block?

How many stories is the building?                      What floor are you on?

What types of tenants are in the building?                      .

What is the estimated annual revenue or sales receipts?

How much coverage for business personal property do you need?

If applicable, how much coverage do you need on the building?

What liability limit do you want? ☐ \$1,000,000/\$2,000,000 or ☐ \$2,000,000/\$4,000,000

Have you had any claims in the past 4 years? ☐ Yes ☐ No

If Yes, please describe claims and, if you know, how much the carrier paid for each:

Describe any measures you take to prevent claims?

Do you own 50% or more of any other business? Yes ☐ No ☐

Do you have business owners' insurance now? Yes ☐ No ☐ If yes, current insurance carrier  
and expiration date