

Section I: General Information

Company Name _____ Fed ID # _____
 Year company founded _____ Preferred contact _____
 Expiration date of current coverage _____ Contact phone _____
 Current insurance carrier _____
 Have you had any claims in the last 3 years? (if so, please provide details of claim on a separate sheet) Yes No

Section II: Building

Do you own your own building? Yes No If yes, what is the insured value? _____
 Year of construction _____ How many square feet do you occupy? _____
 What is your deductible? _____ Total square footage of the building? _____
 How many floors? _____ On which floor is your office? _____
 Do you have a fire/building alarm? Yes No Is the alarm a central station system? Yes No
 Is there a basement in the building? Yes No Is the basement "finished?" Yes No
 Do you have sprinklers? Yes No
 Building improvements
 Wiring year _____ Plumbing year _____ Heating year _____ Roofing year _____ Roof type _____
 Building construction material
 Frame _____ Joisted masonry _____ Light, non-combustible _____ Other (describe) _____
 Other occupancies in your building (check any that apply)
 Apartments _____ Retail shops _____ Offices _____
 What is your current business personal property (contents) dollar value? \$ _____
 Do you have/want computer coverage? Yes No
 If yes, current/desired limit \$ _____
 Do you have/want valuable papers coverage? Yes No
 If yes, current/desired limit \$ _____
 Do you have/want employee dishonesty/fidelity coverage? Yes No
 If yes, current/desired limit \$ _____

Section III: Auto

Company autos? Yes No Vehicle year _____
 Vehicle make & model _____ Vehicle VIN _____
 Driver list (name, DOB, license #) _____

Section IV: Operations

Annual payroll _____ # of employees (full time & part time) _____
 Annual sales _____ Describe operations of business _____