

**Section I: General Information**

Company Name \_\_\_\_\_ Location Address \_\_\_\_\_  
 Year company founded \_\_\_\_\_ Mailing Address \_\_\_\_\_  
 Expiration date of current coverage \_\_\_\_\_ Preferred contact \_\_\_\_\_  
 Current insurance carrier \_\_\_\_\_ Contact phone \_\_\_\_\_  
 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 \_\_\_\_\_