**New Business Questionnaire**

**Insured Information**

**Business Name: DBA:**

**Entity Type:** Corporation  LLC  Sole Proprietor

**Tax ID#: Industry (SIC) Code: # of Pay Periods: # of Employees:**

**Physical Address:**

**Mailing Address (if different):**

**Contact Name: Office Phone: Cell Phone: Email:**

**Brief Description of Business:**

**Year Business Started: # of Years Experience:**

**What type of insurance are you looking for?**  Commercial Liability  Personal Lines

**Additional Insured:**

**General Liability**

**Estimated Payroll: Estimated Receipts (Sales):**

**Desired Limits: Per Occurrence: Aggregate:**

**Auto Liability**

**Vehicle Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Make** | **Model** | **Year** | **Limit** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Driver Information**

|  |  |  |
| --- | --- | --- |
| **Full Name** | **Birth Date** | **License Number** |
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**Property Coverage**

**Location 3**

**Address:**

**Construction Type:**  Frame  Jointed Masonry  Non-Combustible  Fire Resistive  Other:

Owned  Leased Year Built: Square Feet: Number of Floors:

**Sprinklers:**  Yes  No **Central Alarm:**  Yes  No

**Updates:**  Roof  Plumbing  Heating/AC  Wiring

**Property Values:**

Building Value: Computers: Business Personal Property: Tenant Improvements:

**Location 2**

**Address:**

**Construction Type:**  Frame  Jointed Masonry  Non-Combustible  Fire Resistive  Other:

Owned  Leased Year Built: Square Feet: Number of Floors:

**Sprinklers:**  Yes  No **Central Alarm:**  Yes  No

**Updates:**  Roof  Plumbing  Heating/AC  Wiring

**Property Values:**

Building Value: Computers: Business Personal Property: Tenant Improvements:

**Location 1**

**Address:**

**Construction Type:**  Frame  Jointed Masonry  Non-Combustible  Fire Resistive  Other:

Owned  Leased Year Built: Square Feet: Number of Floors:

**Sprinklers:**  Yes  No **Central Alarm:**  Yes  No

**Updates:**  Roof  Plumbing  Heating/AC  Wiring

**Property Values:**

Building Value: Computers: Business Personal Property: Tenant Improvements:

*If you have additional locations, please include information on a separate sheet.*

**Workers’ Compensation**

|  |  |  |
| --- | --- | --- |
| **Class Code/Classification** | **Payroll** | **Number of Employees** |
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|  |  |  |

**Owners Included:**  Yes  No

**Inland Marine**

**Equipment Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Make/Model** | **Year** | **Cost New** | **Number of Units** |
|  |  |  |  |
|  |  |  |  |
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|  |  |  |  |
|  |  |  |  |

**Installation Coverage:**  Yes  No

**Maximum Limit Per Job:**

**Builder’s Risk**

**Address of New Construction:**

**Construction Type:**  Frame  Jointed Masonry  Non-Combustible  Fire Resistive  Other:

Owned  Leased Completion Date: Square Feet: Number of Floors:

**Sprinklers:**  Yes  No **Central Alarm:**  Yes  No

**Name of General Contractor:**

**Property Values:**

Completed Building Value: Computers:

Business Personal Property: Tenant Improvements: