



Commercial Insurance Questionnaire

General Information

Applicant Name: _____

Business Name: _____

DBA (if applicable) _____

Mailing Address: _____

City _____ State _____ Zip _____

Property Address (if different) _____

City _____ State _____ Zip _____

Property is (circle one): Owned Leased Tenant

Principal Contact Name _____

Phone _____ Email _____

Legal Entity (circle one)

Corporation LLC Partnership Individual Not for Profit Other (please specify)

Date Business Established _____

FEIN _____

Years in Operation _____

Years of Owner Experience in Industry _____

Nature of Business _____

Number of Employees

Full Time _____ Part Time _____

Gross Annual Payroll _____

Gross Annual Sales _____

Insurance Coverage Requested (circle all that apply)

Business Owners General Liability Professional Commercial Auto Work Comp Umbrella Other

Current Insurance Carrier _____

Current Policy Number _____

Current Policy Expiration Date _____

Current Limits _____