

Commercial New Business Questionnaire

Named _____ Insured(s): _____

DBA? _____ FEIN _____

Address _____ (Mailing/Physical): _____

Email Address: _____ Business Phone # _____ Fax # _____

Description _____ of _____ Operations: _____

Years in Business: _____ Year Experience in Trade _____ # Owners _____ Website: _____

Building Information: Year Built _____ Sq. Feet _____ # Stories _____ Sprinklered? Y / N If so, % _____

Construction type (frame/noncombustible/etc) _____ Other building occupants: _____

Distance to responding fire department? _____ Distance to fire hydrant? _____

Please indicate the **year** the following systems were updated/replaced:

Roof _____ partial? Y / N complete? Y / N Check : metal ___ asphalt ___ other: _____

Electrical _____ partial? Y / N complete? Y / N # Amps _____

Protected by: (check) circuit breakers ___ fuses ___ other: (specify) _____

Plumbing _____ partial? Y / N complete? Y / N Check: pvc ___ copper ___ cast iron ___

Heating _____ partial? Y / N complete? Y / N Type: oil ___ propane ___ electric ___ other: _____

Check: forced hot water ___ forced hot air ___

Attached / Detached Structures? Y / N If so, describe: _____

Do you own or lease building? _____ If lease, have you done any improvements to building? _____

Business Contents Limit? _____ Business Income/Extra Expense Limit: _____

Blanket/Schedule Equipment? If so, describe: _____

Underwriting Information:

Annual Sales: _____ Annual Payroll _____ # Employees (Full/Part Time) _____

Vehicles:

