## COMMERCIAL NEW BUSINESS QUESTIONNAIRE

General Information           Entity Name:         Entity Type:																		
DBA:								Year Founded:										
Federal ID#:			State U			Л#:		l F										
Website: Proposed Effective Date:					Phone:							Fax:						
						70	Current Insura											
Current Agent:						ıj	this is a new entity, plea	ise aisregara mis secti	on.									
Agency Phone:					Fax:	Email:												
Current Insurance Carrier:								Years with:										
							Owners & Mana											
		Name					Email A	ddress					Cell Phone Number					
							Mailing	Address										
Street Address: City:					State:						7in Coda:							
City:					state:	Zip Code:												
0						1 Address												
Street Address: City:					State:			Zip Code:										
City:					Dillie.			Lip code.										
Year Built:					Unit Sq. Footage:			n Details										
Construction Type:			□Frame				Bldg. Sq. Footage:						☐Brick, Stone or Masonry					
	,				☐Frame with Al	luminun	or Plastic Siding					☐Brick, Stor	ne or Mas	sonry Veneer				
Alarm System (Fire):	Yes Yes		□No □No					Central Station: Central Station:			□Yes □Yes			□No □No				
Sprinklers Installed:	Yes				□No													
General Liability																		
Prior Year Sales: Projected/Actual Gross Sales (Current Year):																		
Current Year Payroll:					Projected Payroll	l:												
							Current	Coverage										
Each Occurrence:							ims Made			□ 0c	ccurrence							
General Aggregate: Products & Completed Ops:					Employee Benefi	Deduc	tible:											
Personal & Advertising:					Employee Bellen	its.				1								
Damaged to Premises:																		
Medical Expense:																		
							Property	Coverage										
Building is: Tenants' Improvements & Bette	Owned	cement Cost:		☐ Leased					If Ow	wned, B	uilding Va	alue:						
Business Personal Property Rep	lacement Cost	t:																
Do you travel with equipment?	□Yes				□No			Do	you lea	ase any e	quipment?	∐Yes				No		
							Workers Co	mpensation										
Prior Year Payroll: Number of Employees:					Number Full-Tin		nt Year Payroll:					Number Part-	m.					
Brief Description of Departments/Job	Duties:				Nulliber Full-1111	ile:						Number Fart-	· I IIIIe:					
							Commercia	l Umbrella										
Indicate Limit Desired:						Retain	ed Limit:											
							Commercial	Automobilo										
Does/Will the company own any	automobiles?	□Yes				□No	Commercia	Automobile										
If yes, please see Commercial Auto Qu	uote form.																	
Name of the last o							Landlord I	nformation										
Name: Street Address:																		
City: Phone:					State:							Zip Code:						
Fliotie.					Fax:							Email:						
							Bank Inf	ormation										
Name: Street Address:																		
City:					State:							Zip Code:						
Phone: Loan Number:					Fax:							Email:						
							4.11%	0 "										
Is there ownership with any ot	her	□Yes				□No	Additional	Ancertons										
business? If so, state name of business:		l les				шио					1							
Is there an SBA loan?	□Yes				□No			If so, state loan nu	nber:									
Do you run background checks on all Do you hire any subcontractors?	prospective emp		□Yes □Yes					□No □No										
Do you currently carry Employer Pract	tices Liability C		□Yes					□No										
(EPLI)?	10		□ 1 CS			. □N				10	c 1.	40						
Do you require an ERISA (401K) bon Do the owners carry life insurance?	10 ?	□Yes	□Yes			□No		□No		II so,	for what am	iount?						
1.							Steps To	Please complete th	is ques	stionnaire	e as thorough	hly as nossible	and retu	m.				
2.								Please list any kno	wn add	ditional i	nsured on a	separate page.						
Please forward a copy of the insurance part of your lease to us for review prior to signing.																		
<ul> <li>4. Please forward pictures of your building's exterior for our records.</li> <li>5. Please be prepared to contact your current agent or carrier for loss runs.</li> </ul>																		
Describe your business operations/p	Describe your business operations/products, etc.:																	
Additional Ower' C	- C Y	M !!																
Additional Questions, Comments of	r Concerns Yo	u May Have:																