

Business Owners/Commercial

1) Company Name: _____

Corporation Partnership Sole Proprietor Other _____

2) Mailing Address: _____

Phone: _____
 Email: _____
 Website: _____

3) Property Schedule:

Location	Building Limit	Business Personal Property	Loss of Income	Other	Square Footage

4) Construction Type: Wood Frame Concrete Masonry

5) Type of Roof: _____

6) Year Built: _____

7) Protection (check all that apply): Burglar Alarm Fire Extinguisher
 Sprinklers Other _____

8) General Liability: 1 Million 2 Million Other _____

9) Description of Operations: _____

10) Number of employees: Full _____ Part _____

11) Annual Sales: \$ _____

12) Annual Payroll: \$ _____

13) Do you hire subcontractors: Yes No

14) If yes, do you obtain Certificates of Insurance?: Yes No N/A

15) Current Insurer: _____

16) Any claims the past 5 years?: Yes No
 If yes, explain: _____

17) Any Additional Insured's: Yes No
 Name: _____
 Address: _____
 Interest: _____

18) Description of your business: _____
