



Daniels-Head
Insurance
Agency

BUSINESSOWNERS [Property / General Liability] INSURANCE QUESTIONNAIRE

Phone: (800)950-0551

Fax: (888) 839-6107

NAME & ADDRESS:

(Location where coverage is sought)

Contact person: _____

Phone: _____

Fax: _____

Email: _____

Do you have any other business locations? No Yes *If Yes, please attach separate list*

Legal Entity: Sole Proprietor Corporation Partnership LLC Other: _____

Insurable Interest: Owner / Occupant Tenant

Effective Date Requested: _____

Description of Business/Services provided: _____

of Years in Business: _____ **# of Years Experience in this type of Business:** _____

Employer ID # (FEIN): _____

Total Estimated Annual Receipts / Revenue: _____

Total Number of Employees: # Full Time: _____ # Part Time: _____

Total Estimated Annual Payroll for all employees: _____

Are Subcontractors used? Yes No

If yes, do you require a certificate of insurance from the subcontractor? Yes No

Are any autos titled, owned, or leased by the business or corporation? Yes No

If yes, please contact us regarding your Commercial Auto coverage options.

BUILDING INFORMATION

Required for Building/ Business Personal Property [Contents] Coverages

This information is required in order to provide you with a cost estimate. If you do not have access to this information, please provide the contact information for your Property Manager; we will be happy to contact him/her on your behalf.

NAME & ADDRESS:

PROPERTY MANAGER:

Name: _____
Phone: _____
Email: _____

BUILDING CONSTRUCTION:

- Frame [Wood]
- Joisted Masonry
- Non-Combustible
- Masonry Non-Combustible
- Fire Resistive

Number of Stories: _____
Square Ft. Occupied by Your Business: _____

Do you own the Building? No Yes

If you DO own the building:
Building Coverage Amount requested: _____

* Building Year Built: _____

* NOTE: If building is over 20 years old, indicate the year of the renovation/replacement of:

Wiring: _____ Roofing: _____ Plumbing: _____ Heating/AC: _____

Sprinkler System: No Yes If "Yes" is it: Wet (water) Dry

Fire Alarm: Local Central Station None

Burglar Alarm: Local Central Station None

If your lease requires ADDITIONAL INSURED for your Property Manager and / or the Property Owner, please provide the name and mailing address as it should appear on the Certificate of Insurance:

Please Note: If applying due to lease requirements, please fax or e-mail a copy of the requirements with this application.

COVERAGES

Requested Business Personal Property Limit: _____

Note: When calculating this limit, please consider all personal property [contents] at your premises i.e. furniture, fixtures, equipment, improvements & betterments [alterations or additions], and stock

Property Deductible: \$500 \$1,000 \$2,500 \$5,000

Requested Computer Property Coverage: _____

Business Liability Limit:

\$1,000,000/2,000,000

\$2,000,000/4,000,000

Employee

Dishonesty:

\$10,000

\$15,000

\$25,000

Valuable

Papers:

\$25,000

\$50,000

\$100,000

Accounts

Receivable:

\$25,000

\$50,000

\$100,000

Property Additional Interest/ LOSS PAYEE: (Please provide name, address, equipment type, and lease #)

COMMERCIAL INSURANCE HISTORY: (Provide past three years insurance information)

Month/Year	Premium	Carrier Name

LOSS INFORMATION:

Have you had any Property/General Liability claims within the last three years? No Yes

If Yes, please provide number of claims, detailed descriptions, and total amounts paid; along with LOSS RUNS for the past three years. [May be obtained by contacting your current insurance agent.]

OPTIONAL COVERAGES AVAILABLE: (For an additional premium)

UMBRELLA COVERAGE:

\$1,000,000 \$2,000,000 Other: _____

SIGNATURE: _____
Owner, Officer or Partner

Date