



Daniels-Head
Insurance
Agency

Phone: (800)950-0551

Fax (888) 839-6107

BUSINESSOWNERS & WORKERS COMPENSATION INSURANCE QUESTIONNAIRE

NAME & ADDRESS OF APPLICANT:

Contact person: _____

Phone: _____

Email: _____

Fax: _____

LEGAL ENTITY: Sole Proprietor Corporation Partnership LLC Other: _____

Name of your current Property / General Liability Insurance Co: _____ or N/A

Description of Business / Services Provided: _____

of Years in Business: _____ # of Years Experience in this Type of Business: _____

Total Estimated Annual Gross Receipts / Revenue / Sales: _____

LOSS INFORMATION:

Have you had any property, liability or workers comp claims within the last 3 years? Yes No

If "yes," please provide number of claims, detailed description of occurrences, and total amounts paid

GENERAL LIABILITY COVERAGE:

PER OCCURRENCE / AGGREGATES

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

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

h provide copy of lease requirements from
your landlord / property manager [if applicable]

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

.....

.....

.....



MISCELLAENOUS PROPERTY COVERAGES

BUSINESSOWNERS POLICY INCLUDES \$25,000 FOR THE FOLLOWING COVERAGES –
IF HIGHER LIMITS ARE DESIRED PLEASE SPECIFY AS FOLLOWS:

ACCOUNTS RECEIVABLE: _____ VALUABLE PAPERS: _____

EMPLOYEE DISHONESTY: _____ FINE ARTS: _____

BUILDING INFORMATION [TO BE COMPLETED FOR EACH LOCATION]

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/ Landlord and we will be happy to contact him/her on your behalf.

PHYSICAL LOCATION ADDRESS:

PROPERTY MANAGER:

Name: _____
Phone: _____
Email: _____

BUILDING CONSTRUCTION:

Number of Stories _____

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

Square Ft. Occupied by Your Business _____

Do you own the building? Yes No

If you DO own the building:

Building Coverage Amount Requested: \$ _____

Building Year Built: _____

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

Wiring: _____ Roof: _____ 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

Requested Business Personal Property [Contents] Limit: \$ _____

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

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

Requested Computer Property and Media Coverage Limit: \$ _____

ADDITIONAL INTERESTS/LOSS PAYEE: (Please provide name, address, equipment type, and lease #)

