

Business Owners Package and Workers' Compensation Insurance Questionnaire

A. Please type or print clearly in ink.

B. All applicants should complete Section 1-Business Information. Complete Section 2-Business Owners Package and/or Section 3-Worker's Compensation if coverage is desired.

C. Provide a copy of your expiring Declarations page for each selected coverage as well as any optional coverage and/or schedule pages. If you need additional space, please continue on a separate sheet of your business letterhead.

CONTACT INFORMATION: **Business Name:** _____
 Mailing Address: _____

 Business Name: _____

 Location Address: _____
 (include county) _____
 Contact Name: _____
 Phone Number: _____
 Fax Number: _____
 E-mail Address: _____
 Website Address: _____

The accuracy and completeness of the following information helps determine coverage completeness and premium accuracy. Providing inaccurate and incomplete information may result in inaccurate and incomplete coverage.

Section 1-Business Information

Detailed business description that includes all operations: _____

Professional Organization Memberships: _____

Business Type (please select one): Sole Proprietorship _____ Partnership _____ Corporation _____ Other (please explain _____)

Estimated Annual Receipts: \$ _____

Number of years in business: _____

Number of years of experience in field: _____

Do you own or operate any other business other than the business listed above? Yes No If yes, describe operations: _____

Section 2-Business Owners Package Requested Effective Date: _____

Building Age _____
No. of Stories _____
Air Conditioner Yes No
Sprinklers Yes No
If sprinkled, are they wet or dry?
Occupied Square Footage _____

Property Information:

Building Replacement Costs (if you own it) \$ _____

If building coverage is being provided, list all occupants and provide the square footage of each occupant's space. Also, please indicate the square footage of any vacant area.

Contents Replacement Costs Value \$ _____

-Includes equip., supplies, furniture, improvements and betterments (in lease)

Location Information:

Check appropriate box for Building Construction

- Frame Non-Combustible
Joisted Masonry Masonry Non-Combustible
Fire Resistive

Is building over 30 years old? Yes No

If yes to above, please provide the year of update for each of the following:

Plumbing _____ Electrical _____ Heating _____ Roof _____

Liability Information:

Check appropriate box for General Liability limits needed

- \$300,000/\$600,000 \$1,000,000/\$2,000,000
\$500,000/\$1,000,000 \$2,000,000/\$4,000,000

Insurance History:

Please provide insurance history for the past 3 years. If there was no coverage in place for a given year, please indicate "None". _____

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Expiration Date</i>	<i>Annual Premium</i>	<i># of Claims</i>
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Has any like coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No
If yes, please explain here.

Section 3–Worker’s Compensation Requested Effective Date: _____

Federal Employers Identification Number: _____
Unemployment Number (if applicable): _____
NCCI or Experience Mod Factor (if applicable) _____
List All States you have employees _____
Number of Full Time Employees: _____ Number of Part-time Employees _____
Employees Estimated Annual Payroll: \$ _____
Officers Estimated Payroll: \$ _____

The following information is required of all owners, officers, and/or partners associated with the business. State laws differ in whether owners, officers, and/or partners have to be included or excluded in coverage. Please consult your states insurance department for specific regulations before opting to be excluded from coverage.

<i>Officers Name</i>	<i>Include or Exclude</i>	<i>Title/Relationship</i>	<i>Ownership %</i>	<i>Annual Payroll</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insurance/Claims History:

Please provide insurance history for the past 5 years. If there was no coverage in place for a given year, please indicate “None”. _____

<i>Insurance Company</i>	<i>Policy Number</i>	<i>Expiration Date</i>	<i>Annual Premium</i>	<i># of Claims</i>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has any coverage been declined, cancelled, or non-renewed within the past 3 years? Yes No If yes, please explain. _____

Section 3-Additional Coverage

Please indicate whether or not you would like to receive additional information and/or a premium indication on the following lines of coverage:

- Hired and Non-Owned Auto Yes No Business Auto Yes No
- Commercial Umbrella Yes No If yes Limit Requested _____
- Professional Liability Yes No If Yes, Limit Requested _____
- Directors & Officers Liability Yes No If yes Limit Requested _____
- Employment Practices Liability Yes No If yes Limit Requested _____
- Fiduciary Liability Yes No If yes Limit Requested _____
- Crime Yes No If yes Limit Requested _____
- Kidnap & Ransom Yes No If Yes, Limit Requested _____

Signature _____ Date _____