

Business Insurance

Please complete the following information for Business Insurance if you would like to make the most of your insurance policy.

Business Owner Worksheet

First Name: _____
Last Name: _____
Business Name: _____
Address: _____
City/Zip Code: _____
Phone Number: _____
Fax Number: _____
E-Mail Address: _____

Underwriting Questions

Property County: _____
Nature of Business: _____
Number of Owners: _____
Number of Employees: _____
Payroll of Owners: _____
Payroll of Employees: _____
Total Annual Gross Receipts: _____
Total Square Footage of Building your Business is in: _____
Square Footage of your Business Only: _____
Years in Business: _____
How Many Stories: 1,2,3,4,5
Construction Type: Frame, etc.
Roof Type: Composition Shingle, Asphalt Shingle, Metal, Tile
Year Roof was Updated: _____
Are there Smoke Detectors? Yes or No
Smoke Alarm: Yes or No
Fire Extinguisher: Yes or No
Deadbolts on Doors: Yes or No
Circuit Breakers: Yes or No
Electrical Updated: Yes or No When: _____
Plumbing Updated: Yes or No When: _____
Automatic Fire Sprinklers: Yes or No
Theft Alarm: Yes or No
Fire Alarm: Yes or No
Losses/Claims for 5 Yrs. Yes or No When: _____

Coverage Information

Current Insurance Carrier: _____
Building Coverage: _____
Other Structures Coverage: _____
Business Contents Coverage: _____
Loss of Income Coverage: _____
Liability Limits Requested: \$100,000, \$500,000, \$1,000,000 or \$2,000,000
Policy Deductible: \$100, \$250, \$500, \$1,000

Workers Compensation Quote

First Name: _____
Last Name: _____
Business Name: _____
Address: _____
City/Zip Code: _____
Phone Number: _____
Fax Number: _____
E-Mail Address: _____

Underwriting Questions

Nature of Business: _____
Number of Owners: _____
Number of Employees: _____
Payroll of Owners: _____
Payroll of Employees: _____

Payroll Detail Information

	Class/Code	Payroll Rate	Annual Payroll
Employee Group 1			
Employee Group 2			
Employee Group 3			
Employee Group 4			
Employee Group 5			

Miscellaneous Information

Years in Business: _____
Current Insurance Company: _____
Current Annual Premium: _____

Loss Information

Losses/Claims in last 5 years: Yes or No: If yes, describe loss

Coverage Information

Liability Limits Requested: \$1,000,000, \$2,000,000 or \$5,000,000

If you would like to receive quotes for any of our services, please complete the information requested and either fax or e-mail the completed information to us and we will respond as soon as possible.