

FAX OR EMAIL QUOTE REQUEST TO:

(704) 862-7222 OR thecardone@bellsouth.net

BUSINESS INSURANCE QUESTIONNAIRE

1. NAME: _____
2. SSN: _____
3. DOB: _____
4. PRIMARY ADDRESS: _____
5. BUSINESS NAME: _____
6. BUSINESS ADDRESS: _____
7. ENTITY: LLC ___ NON-PROFIT ___ PARTNERSHIP ___ INDIVIDUAL ___
8. YEAR ESTABLISHED: _____
9. YEARS OF OPERATION: _____ Years of experience: _____
10. NUMBER OF EMPLOYEES: _____
11. ARE YOU FRANCHISED: YES / NO
12. ADDITIONAL LOCATIONS AND ADDRESSES: _____

ANY LOCATIONS THAT WILL NOT BE INSURED BY THIS POLICY? YES / NO
13. DISTANCE TO CLOSET FIRE HYDRANT: _____
14. NAME OF RESPONDING FIRE DEPARTMENT AND DISTANCE FROM: _____
15. BUILDING: OWN / LEASE
16. CONSTRUCTION OF BUILDING: FRAME _____ METAL _____ BRICK _____
17. YEAR BUILT: _____
18. YEAR UPDATES COMPLETED: PLUMBING _____ ELECTRICAL _____ ROOF _____
19. SQUARE FOOTAGE: _____
20. AGE OF ROOF: _____
21. PLUMBING TYPE: PVC ___ COOPER ___ GALVANIZED ___ COREGATED ___ OTHER _____
22. ELECTRICAL WIRING: FUSES _____ CIRCUIT BREAKERS _____
23. DO YOU HAVE KEY EMPLOYEES: YES / NO
24. TOTAL ANNUAL SALES: _____
25. TOTAL PAYROLL: _____
26. BUILDING VALUE: _____
27. CONTENTS VALUE: _____
28. CURRENT INSURANCE COMPANY/POLICY NUMBER: _____
29. LOSS HISTORY: _____

GENERAL LIABILITY ___ WORKER COMP ___ COMMERCIAL AUTO ___ UMBRELLA ___ EMPLOYMENT PRACTICES LIABILITY _____