

Business Owners Insurance Questionnaire

Please note all questions must be answered, to insure proper coverage is quoted.

Named Insured(s):

Mail Address:

Insured Location Addresss (if different from mailing):

Complete description of operations:

Federal ID #:

Number of Years in Business:

Contact Name(s):

Number of employees:

Annual Payroll Cost:

Annual Gross Revenues:

Corporate Autos: (Y)/(N)

Additional Insured(s): Landlord/Contractual/Loss Payees (include mail address):

Additional Remarks or Insurance Needs

Website: (Y)/(N): Address: www._____

Limits of Insurance Required (Replacement cost):

Contents (include I&B, Inventory/Stock):

Machinery & Equipment:

Business Interruption/Loss of Income:

EDP Equipment

Miscellaneous Tools, Mobile Equipment:

Other Insurance Limits: (Include description):