



## Business Insurance Questionnaire

### General Business Information

Named Insured: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contact: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Description of Operations: \_\_\_\_\_

\_\_\_\_\_

Date Business Established: \_\_\_\_\_

Street Address: \_\_\_\_\_

Other Locations: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_ Type of Organization: \_\_\_\_\_

### Principals / Owners / Officers

Name	Title	% Ownership

Number of employees Excluding owners, partners, officers? \_\_\_\_\_

Estimated Annual Receipts from last year? \_\_\_\_\_

Estimated Annual Receipts for next year? \_\_\_\_\_

What was amount of last year's payroll? \_\_\_\_\_

What is this year's projected payroll? \_\_\_\_\_

**(Please attach copies of payroll reports: Texas Workforce Quarterly Report or 941S for Non-Profit)**

Please classify payroll by duty of employee? \_\_\_\_\_

(attach separate sheet if necessary)



**Business Insurance Questionnaire**

**Property Coverages**

Amount of Building Coverage Needed: \_\_\_\_\_

Construction: \_\_\_\_\_ Square Feet: \_\_\_\_\_

Year Built: \_\_\_\_\_

Any Updates: \_\_\_\_\_

Lienholder Name and Address: \_\_\_\_\_

Contents Coverage Needed: \_\_\_\_\_

Computer Coverage Needed: \_\_\_\_\_

Does the building have a central station alarm? \_\_\_\_\_ Alarm company's name: \_\_\_\_\_

Does the building have any firewalls? \_\_\_\_\_ Is the building sprinklered? \_\_\_\_\_

Are there any other protections? \_\_\_\_\_

**General Liability Coverages**

Limit of GL Coverage Desired: \_\_\_\_\_ Per Occurrence / \_\_\_\_\_ Aggregate

Any Additional Insureds to be added? \_\_\_\_\_

What is the reason for adding them? \_\_\_\_\_

Additional Insured's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Automobile Coverages**

What is the number of vehicles owned? \_\_\_\_\_

Do any employees use there own vehicles for business purposes? \_\_\_\_\_

If yes, do you require that they carry auto liability coverage? \_\_\_\_\_

Please complete the list of vehicles below. Attach a separate sheet if necessary:

VIN	Type	Make	Model	Use

Please complete the list of drivers below. Attach a separate sheet if necessary:

Name	Date of Birth	Driver's License Number and State

