



## Commercial Insurance Survey

Today's Date: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

If a referral, who did you hear about us from? \_\_\_\_\_

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

Years in Business: \_\_\_\_\_ Experience: \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Gross Sales: \$ \_\_\_\_\_ No. of Employees: \_\_\_\_ Approx. Payroll: \$ \_\_\_\_\_

Are you currently insured? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the items below.

Current Agent: \_\_\_\_\_

Current Insurance Company: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Is your current insurance carrier offering renewal? Yes \_\_\_\_\_ No \_\_\_\_\_

Any losses in the past 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_ If so how many? \_\_\_\_\_

List details of any losses in the "Remarks" section of this form.



Many of the commercial insurance companies are using financial responsibility as an underwriting tool. In order to provide you with a timely quote, at the most competitive price, please fill out the information requested below.

Federal Tax ID #: \_\_\_\_\_

Full Name, Physical Address & Social Security Number for all owners:

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Remarks:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Owner's Names:

Full Name, Physical Address & Social Security Number for all owners:

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

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

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

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_

SUBMIT \_\_\_\_\_