

BUSINESS INSURANCE QUESTIONNAIRE

Please return to: Teri Breci, CIC, CISR
Teri.breci@mmicnc.com
Fax: 919-878-7590

General Information

Named Insured / Entity Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Contact _____

Email Address _____

Number of years in business _____ Type of legal entity - Corp, SCorp, Sole Prop, LLC _____

Policy Information

Coverage effective date _____

Insured is Building Owner/Occupant Tenant Only Lessor

Street Address (if different from above) _____

City _____ County _____ State _____ Zip _____

Are you located within city limits? Yes No

Building limit (cost to replace the building, if owned) \$ _____

Business personal property limit (cost to replace office contents, including computer systems) _____

Business computer limit _____

Deductible: ___ \$500 ___ \$1,000 ___ \$2,500 ___ \$5,000

Do you have an umbrella policy and if so what is the limit? _____

Current insurance carrier _____ Annual premium _____ Expiration date _____

Building Information

Year of construction _____ If building is 25 years or older, indicate the year each system was updated:

Wiring _____ Roofing _____ Heating _____ Plumbing _____

Square footage (occupied by you) _____ Percentage of building occupied (all occupants) _____

Number of stories _____ Sprinklers: Yes No Alarms: Fire Burglar Central Station

What type of roof do you have? Flat Hip Gable

Wood Frame Brick/Masonry walls with wood supported roof (Joisted Masonry)

Non-Combustible (Metal) Brick/Masonry walls with metal supported roof (Non-Joisted Masonry)

Fire Resistive

Workers' Compensation Policy

FEIN# _____ Current Carrier: _____

Annual Premium: _____ Expiration Date: _____

Total number of employees: _____

Estimated annual payroll for all employees \$ _____

Estimated annual payroll for all officers \$ _____

Note: Employers liability limits are 100/500/100 unless otherwise requested

Corporation:

Are officers to be excluded from coverage? Yes No

If yes, do NOT include in above payroll for non-covered officers. If no, include below actual payroll of each covered officer (minimum \$18,148 each, maximum \$72,800 each).

List Executive Officers/Title: _____

Individual or Partnership:

Are owners/partners to be included for coverage? Yes No

If yes, include in above payroll of \$37,300 of each covered owner/partner. If no, do NOT include in the above payroll of the non-covered owner/partner.

Additional Information

Do you have a pension program? Yes No

If yes, please provide us with the official name of the program: _____

What are the total assets in the plan? \$ _____

(Federal Law states "the amount of such a bond shall not be less than 10% of the amount of funds handled per year")

Please list the bank(s) and address(s) you have mortgage(s) with at this location:

Name _____

Address _____

Name _____

Address _____

List ALL losses (business owners, worker's compensation and automobile) and loss amount(s) paid in the past 3 years: _____

Do you have a return to work policy?

What is the average employee turnover each year?

Do you do pre-employment drug testing? Random drug testing?

Do you provide health benefits?

Do you have a formal written employment application?

Do you have safety guidelines?

Do you have loss run/claim activity from your current company?

Is there an audit conducted annually?

Are bank accounts reconciled by someone not authorized for deposits or withdrawals?

Is a countersignature check required?

Is the audit report rendered to the named insured?

Does the named insured require or encourage all employees to take 5 consecutive business days vacation?

Would you like your proposal emailed, faxed or mailed?

Thank you.