

BUSINESS INSURANCE QUESTIONNAIRE

Please return to: Teri Breci, CIC, CISR

teri.breci@mmicnc.com

Fax: 919-878-7590

General Information

Insured Name _____

Mailing Address _____

City _____ County _____ State _____ Zip _____

Phone Number _____ Contact _____

Email Address _____

Number of years in business _____ Type of legal entity _____

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 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

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's Compensation Policy:

FEIN# _____ Current Carrier: _____

Annual Premium: _____ Expiration Date: _____

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 below the payroll for noncovered officers. If no, include below actual payroll of each covered officer (minimum \$15,132 each, maximum \$62,400 each)

List Executive Officers/Title:

* *Individual or Partnership:* Are owners/partners to be included for coverage? Yes No

If yes, include below payroll of \$30,500 of each covered owner/partner. If no, do NOT include below the payroll of the noncovered owner/partner.

Total Number of Covered Employees: _____

Estimated Annual Payroll for all covered employees \$ _____

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

Additional Information

Do you have a Pension Program? Yes No

If yes, please provide us with the offi cial 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 _____