



## Commerical Insurance Quote Questionnaire

### General Questions

1. Insured Name (Company Name):
2. Date Business was Established:
3. Insured Address:
4. Location Address:
5. Phone: 6. Email:
7. Website: 8. FEIN / or SS #:
9. Company: Indiv.    Partnership            Corporation            Other:  
*(Check One)*
10. Description of Business:

### Overall Policy Questions:

1. Renewal Date of Current Policy: 2. Carrier:
3. Current Coverage (*Circle all that apply*): General Liability Property Work Comp  
Umbrella Business Auto Liquor Liability Other:
4. Total Annual Premium (*for all coverages*):

### General Liability:

1. Total Annual Revenue:
2. % of Liquor Sales?
3. % of catering sales?

4. Total Number of Employees:

5. Annual Payroll:

6. Is it a per claim or per occurrence coverage?

Property Section:

1. Do you own the building?

2. If so, what is the building value?

3. What year was the building built? 4. Square Footage?

5. How many stories? 6. Are there other occupants in building?

7. Any building updates/improvements (if so, when and what)?

8. Total value of all contents (kitchen equipment, furniture, etc.)?

9. Are all kitchen equipment equipped with UL approved chemical extinguishing/cleaning systems? Are they Wet or Dry?

10. Does the restaurant have an alarm system?

11. What is the Property Deductible? 12. Coinsurance %?

13. Does your policy currently provide business income and extra expense to protect your revenue if business were to close ?

Business Auto:

Driver Name

DOB

Licenses State

1st Licensed

Any Violations in past 36 months?

Driver Name for Vehicle

Vehicle Vin Number:

Current Auto Limits:

Current Auto Deductible:

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*Office  
Use Only*

Date  
Processed:  
Customer  
Number:  
Quote  
Amount:  
Carrier:  
Effective  
Date:  
Policy  
Number: