



Commercial 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 impact 36 months?

Driver Name for Vehicle

Vehicle Vin Number:

Current Auto Limits:

Current Auto Deductible:

Note: Please send in a copy of current insurance declaration page along with this quote questionnaire either by email getaffordablecoveragetoday@gmail.com or fax it back to **(803) 234-5004**.

*Office
Use Only*

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