

Commercial Package Questionnaire

Insured Name: _____

Mailing Address: _____

Phone No. : _____ Inspection Contact Person: _____

Business Description: _____

Years in Business: _____

Policy Period: _____

Prior Carrier Information (4 years loss run required, if any): _____

Loss Details, if any: _____

Insured Address: _____

Owner or Tenant? _____

Building Limit: _____ Co-ins: _____ RC/ACV? _____ Deductible: _____

Contents Limit: _____ Co-ins: _____ RC/ACV? _____ Deductible: _____

Loss of Income: _____ Co-ins: _____

Coverage: Special Form _____ Broad Form _____ Basic Form _____

Construction Type: _____ Protection Class: _____

Stories: _____ # Basements: _____ Total Area: _____

Year of Building: _____ If Building is over 25 years, when update was done on:

Wiring _____ Roofing _____ Plumbing _____ Heating _____

Central Burglary Alarm? Yes ___ / No ___ Alarm Company _____

Sprinkler? Yes ___ / No ___

Any Mortgage / Loss Payee? _____

Annual Sales: _____ Annual Payroll: _____