



**IMPORTANT:** To ensure that all data is saved properly, please save a copy of the questionnaire to your computer before completing.

## Commercial Client Questionnaire

### GENERAL INFORMATION

Business Name	<input type="text"/>	Entity Type	<input type="text"/>
Primary Contact	<input type="text"/>	Describe if other	<input type="text"/>
Mailing Address	<input type="text"/>	FEIN	<input type="text"/>
City	<input type="text"/>	Date Business Started	<input type="text"/>
State	<input type="text"/>	Annual Sales/Receipts	<input type="text"/>
Zip Code	<input type="text"/>	# of Employees	<input type="text"/>
Email	<input type="text"/>	Total Payroll	<input type="text"/>
Business Phone	<input type="text"/>		
Mobile Phone	<input type="text"/>		
Description of Operations			
<input type="text"/>			

### PRIMARY LOCATION INFORMATION

Location Address	<input type="text"/>	Year Built	<input type="text"/>	Number of Stories	<input type="text"/>
City	<input type="text"/>	Square Feet Occupied	<input type="text"/>	Square Feet of Building	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>	Estimated Business Personal Property Value	<input type="text"/>
Basement Type	<input type="text"/>	Fire Sprinklers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Wiring Year	<input type="text"/>
Roof Type	<input type="text"/>	Elevator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Roofing Year	<input type="text"/>
Construction Type	<input type="text"/>	Boiler	Yes <input type="checkbox"/> No <input type="checkbox"/>	Plumbing Year	<input type="text"/>
Fire Alarm	<input type="text"/>	Air Conditioning	Yes <input type="checkbox"/> No <input type="checkbox"/>	Heating Year	<input type="text"/>
Burglar Alarm	<input type="text"/>	Smoke Detectors	<input type="text"/>	Gut Renovation Year	<input type="text"/>
Low Temp Alarm	<input type="text"/>	Description of Other Occupancies at this Location			
Water Flow Alarm	<input type="text"/>	<input type="text"/>			



## WORKERS COMPENSATION INFORMATION

List all states and categories of employees

	STATE (ABBREVIATION)	DESCRIPTION OF DUTIES	# FULL-TIME	# PART-TIME	#PAYROLL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

List all employed owners, partners, officers, or LLC members.

	NAME	DATE OF BIRTH	OWNERSHIP PERCENTAGE	TITLES/ DUTIES	INCLUDE OR EXCLUDE?
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					



## EMPLOYEE TRAVEL

### DESCRIPTION OF ANY EMPLOYEE TRAVEL

Do employees drive their own automobiles for work?      Yes      No

## AUTOMOBILE INFORMATION

	YEAR, MAKE AND MODEL	USAGE	COST NEW	RADIUS OF OPERATIONS
1.				
2.				
3.				
4.				
5.				

## DRIVER INFORMATION

	NAME	DATE OF BIRTH	LICENSE NUMBER	DATE FIRST LICENSED	PRIMARY VEHICLE DRIVEN
1.					
2.					
3.					
4.					
5.					



## PAST LOSSES & ACCIDENTS

Please detail all property, liability or automobile losses for the past five years.

	DATE	DESCRIPTION	AMOUNT RECEIVED
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

## EXPOSURE INFORMATION

To ensure that we have captured all pertinent exposures, please confirm:

- Number of Locations in the US
- Number of Locations outside of the US
- Number of Automobiles Owned/Leased
- Number of Directors & Officers



**SECONDARY LOCATION INFORMATION (ONLY COMPLETE IF APPLICABLE)**

Location Address	<input type="text"/>	Year Built	<input type="text"/>	Number of Stories	<input type="text"/>
City	<input type="text"/>	Square Feet Occupied	<input type="text"/>	Square Feet of Building	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>	Estimated Business Personal Property Value	<input type="text"/>

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Basement Type	Fire Sprinklers	Yes	No	Wiring Year	<input type="text"/>
Roof Type	Elevator	Yes	No	Roofing Year	<input type="text"/>
Construction Type	Boiler	Yes	No	Plumbing Year	<input type="text"/>
Fire Alarm	Air Conditioning	Yes	No	Heating Year	<input type="text"/>
Burglar Alarm	Smoke Detectors			Gut Renovation Year	<input type="text"/>
Low Temp Alarm	Description of Other Occupancies at this Location				
Water Flow Alarm	<input type="text"/>				

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