

COMMERCIAL INSURANCE QUESTIONNAIRE

ERLANDSON INSURANCE AGENCY

GENERAL INFORMATION:

NAMED INSURED _____

DBA: _____

MAILING ADDRESS: _____

LOCATION OF BUSINESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____ WEB ADDRESS _____

BUSINESS INFORMATION:

DESCRIPTION OF OPERATIONS _____

YEAR STARTED IN BUSINESS _____ NUMBER YEARS EXPERIENCE _____

NUMBER OF FULL TIME EMPLOYEES _____ NUMBER OF PART TIME EMPLOYEES _____

FEDERAL TAX ID# _____

TYPE OF BUSINESS: "C" CORP _____ "S" CORP _____ PARTNERSHIP _____
INDIVIDUAL _____ LLC _____ LLP _____

CURRENT INSURANCE COMPANY _____ POLICY EXPIRATION DATE _____

TYPE OF INSURANCE REQUESTING (check all that apply)

COMMERCIAL AUTO _____ COMMERCIAL PROPERTY _____

COMMERCIAL GENERAL LIABILITY _____ PROFESSIONAL LIABILITY _____

COMMERCIAL UMBRELLA _____ GROUP HEALTH _____

WORKERS COMP _____

COMMERCIAL AUTO SECTION: (IF APPLICABLE)

LIMIT OF LIABILITY REQUESTED _____

HIRED AND NON-OWNED LIABILITY YES _____ NO _____

HIRED AUTO PHYSICAL DAMAGE: YES _____ NO _____ COST OF HIRE _____

VEHICLES:	VEHICLE #1	VEHICLE #2	VEHICLE #3	VEHICLE #4
YEAR:	_____	_____	_____	_____
MAKE:	_____	_____	_____	_____
MODEL:	_____	_____	_____	_____
VIN#:	_____	_____	_____	_____
COST NEW:	_____	_____	_____	_____
GVW:	_____	_____	_____	_____
RADIUS OF USE:	_____	_____	_____	_____
COMPREHENSIVE:	<u>Y or N</u>	<u>Y or N</u>	<u>Y or N</u>	<u>Y or N</u>
DEDUCTIBLE:	_____	_____	_____	_____
COLLISION:	<u>Y or N</u>	<u>Y or N</u>	<u>Y or N</u>	<u>Y or N</u>
DEDUCTIBLE:	_____	_____	_____	_____
DRIVERS:	<u>#1</u>	<u>#2</u>	<u>#3</u>	<u>#4</u>
NAME:	_____	_____	_____	_____
BIRTHDATE:	_____	_____	_____	_____

PLEASE LIST ANY TICKETS OR ACCIDENTS ALONG WITH DETAILS AND DATES FOR ANY DRIVERS LISTED:

PROPERTY SECTION: (IF APPLICABLE)

YEAR BUILT _____ SQUARE FOOTAGE _____ # OF STORIES _____

CONSTRUCTION TYPE? FRAME METAL LOG CONCRETE BLOCK

BUILDING VALUE _____ CONTENT VALUE _____ OTHER EQUIPMENT _____

YEAR UPDATED: ROOF _____ WIRING _____ PLUMBING _____ HEAT _____

FIRE EXTINGUISHERS? Y or N SPRINKLERS? Y or N BURGLAR ALARMS? Y or N

GENERAL LIABILITY SECTION: (IF APPLICABLE)

LIABILITY LIMIT _____

ANNUAL PAYROLL _____ GROSS ANNUAL SALES _____

IS THERE A FORMAL SAFETY POLICY IN EFFECT? Y or N

IS THERE ANY LABOR SUB-CONTRACTED OUT (OR HIRED TEMPS USED)? Y OR N

WORK COMP: (IF APPLICABLE)

PLEASE LIST THE JOB DESCRIPTION OF EACH TYPE OF EMPLOYEE AND THE NUMBER OF FULL OR PART TIME EMPLOYEES FOR EACH POSITION-

HEALTH INSURANCE: (IF APPLICABLE)

PLEASE LIST AGE OF EACH EMPLOYEE AND ANY DEPENDENTS BEING ADDED; ALSO LIST ANY MAJOR HEALTH ISSUES.
