

General Information for insurance underwriters:

1. **Name and Address** of the company (as it should appear on the policy, if issued).
2. Type of entity: Individual, Partnership, Corporation, Non-Profit Corporation, LLC, etc.
3. Year the business was established.
4. How many years in business?
5. Are you currently insured or had prior insurance? If yes, please provide Loss History Runs, which you can obtain from your previous insurance company.
6. Federal Tax ID (EIN#) or primary owner's SS# (Required)
7. Names and titles of the officers, partners, managing members or individuals of the company.
- 8. Contact person and title**
- 9. Phone, fax and e-mail**
10. Fully describe your business activities.
11. Web Site
12. Number of Employees (at each location).
13. Resumes on key personnel / company information. (Please attach as this helps us with the underwriters.)
14. Past record of Insurance coverage – i.e. with what insurance carrier, if any?
15. Describe any past insurance losses (use a separate sheet, if necessary giving us the month, year, type of loss and amount of loss.)
If no losses, please state.
16. Revenues of the company - from the above described business activities.
17. Total Payroll
- 18. Information on your location(s) – Needed for each location, if property insurance is requested.**
 - a) Type of Construction
 - b) Year the building was built.
 - c) When was the last time the building's electrical was up-graded?
 - d) When was the last time the building's plumbing was up-graded?
 - e) Total Square footage of the BUILDING.
 - f) Total Square footage of your OFFICE(s).
 - g) Exposure to other buildings on either side of your location. Describe the other buildings and/or properties as best you can.
 - h) Protection (sprinklered / non-sprinklered)
 - i) Alarms – type of alarm and how/who responds should it go off.
 - j) Security – describe your security.
 - k) Occupancies of the building your office is located – i.e. commercial multi tenants or residential.
 - l) You are on what floor of how many stories?
19. Replacement Value of your Business Personal Property – this is equipment taken on & off your premises.
20. Replacement Value of your Office Contents (premises) – furniture and fixtures, office machinery, office stock and supplies and any office improvements and betterments.

21. Replacement value of merchandise, inventory, etc. (Include brief description of items).
22. Describe any special insurance requirements.
23. Business Interruption / Extra Expense – give us the figure of six (6) months fixed operation expenses, including payrolls, of your business. (You may be asked to complete a Business Interruption worksheet to verify this figure.)
24. Estimate on Cost of Hire of all rented and hired non-owned vehicles
25. Review your Lease - advise us of any requirements.
26. Advise us of any Additional Insured's by legal name and address you will need to add to your insurance policies and their business relationship to the company.
E.G. Landlord, building owner, building managers, etc.
27. List all Unions or Guilds or professional affiliations

Call with any questions.

Thank you.