

**BUSINESS INSURANCE QUESTIONNAIRE**

Number of Employees \_\_\_\_\_ Annual Payroll \_\_\_\_\_

Number of Officers or Partners \_\_\_\_\_ Annual Sales \_\_\_\_\_

Replacement Value: Office Furnishings \_\_\_\_\_  
 Inventory \_\_\_\_\_  
 Shop Equipment \_\_\_\_\_  
 Tools in Trucks \_\_\_\_\_

Building Square footage \_\_\_\_\_ Year of Construction \_\_\_\_\_  
 Sprinklered? \_\_\_\_\_ Building Owned? \_\_\_\_\_ Building Construction \_\_\_\_\_  
       (wood frame, masonry, tilt up, etc.)

Loss History: Past five years \_\_\_\_\_  
    Number of claims \$ Amount paid \_\_\_\_\_

Number of Drivers \_\_\_\_\_ Past 3 yrs. Combined # of: tickets \_\_\_\_\_  
      : accidents \_\_\_\_\_  
      :major cites \_\_\_\_\_

**VEHICLES**

Year, make, model <input type="checkbox"/> <input type="checkbox"/>	Cost new <input type="checkbox"/>	Garaging City <input type="checkbox"/> <input type="checkbox"/>	Usage
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____ <input type="checkbox"/>	_____	_____