

Commercial Insurance - New Business Questionnaire

Brock-Norton Insurance Agency

Company Name

Years in Business

Contact & Title

Annual Revenue

Description of Operations

When would you like your coverage to start?



Month Day Year

FEIN

Email

example@example.com

Phone Number

Area Code Phone Number

Location Address (only if different than mailing)

Total Number of Employees

Street Address

Street Address Line 2

Mailing Address

City State / Province

Street Address

Postal / Zip Code

Street Address Line 2

City State / Province

Business Personal Property Limit

Postal / Zip Code

Have you had any losses in the past 3 years?

If yes, please attach loss runs from current carrier

Square Footage Occupied

Additional Location (If Any)

Street Address

Total Annual Payroll

Street Address Line 2

Do you use subcontractors?

City

State / Province

If yes, what percent of work is subcontracted?

Postal / Zip Code

Do you own the building?

Total Annual Subcontractor Payroll (If Any)

If Owned, total value of building

How often do you collect Proof/Certificates of Insurance from Subcontractors

Type of Construction

Frame

Jointed Masonry

Masonry Non-Combustible

Non-Combustible

Modified Fire Resistive

Fire Resistive

Does the business own any autos?

If yes, please attach list of all cars and VINs as well as Drivers, their dates of birth, State and License Numbers

Age of Building

Do any employees use personal autos for work?

Last updates to HVAC, Plumbing and Electrical?

Other Insurance Quotes Requested

Crime and Bonds

Professional Liability

Commercial Umbrella Liability

Director's and Officers

Employment Practices

Cyber/Data Breach Liability

Inland Marine/Property in Transit

Other _____

Do you have the following?

Monitored Fire/Smoke Alarm

Monitored Burglar Alarm

Fire/Smoke Alarm

Burglar Alarm

Interior/Exterior Cameras