

1. **Name of Insured:**
2. **Phone Number & Email Address:**
3. **Business Operations**:
4. May we contact the insured on your behalf? Yes No
5. Legal Business Name:
6. Business Physical Address:
7. Business Mailing Address:
8. Entity Type:
9. Federal Tax ID Number (FEIN):
10. Years in business:
11. Years of industry experience:
12. Current Insurance Company & premium:
13. Any claims in the last 5 Years? If Yes, type of loss, date and amount paid:
14. Number of Employees: Full Time Part Time
15. Annual Sales: $
16. Annual Payroll: $
17. Business Personal Property: $
18. Is building Owned? Yes No If yes, approximate replacement cost: $
19. Building Construction Type: Frame Joisted Masonry   
    Masonry Non-combustible Non-combustible Fire Resistive
20. Year: Built:
21. Roof Update: Electrical Update:
22. Number of Stories:
23. Total Square Footage Insured Occupied:
24. Square footage leased to other tenants at the location:
25. 100% Sprinklered? Yes No
26. Alarms? Burglar Fire
27. If Workers Compensation is desired:
    * List Code & Payroll:
    * Name & Title of Excluded Officers:
28. Comments: