



**BUSINESS PACKAGE QUESTIONNAIRE**

DATE: \_\_\_\_\_

LEGAL NAME: \_\_\_\_\_

DBA: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

ENTITY TYPE (INDIVIDUAL, CORP, PARTNERSHIP, ETC.): \_\_\_\_\_

YEARS IN BUSINESS: \_\_\_\_\_

IF NEW VENTURE, YEARS OF EXPERIENCE IN FIELD: \_\_\_\_\_

DESCRIPTION OF OPERATIONS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**COVERAGES:**

**COMMERCIAL GENERAL LIABILITY LIMITS:** \_\_\_\_\_

ESTIMATED ANNUAL GROSS SALES/RECEIPTS: \_\_\_\_\_

ESTIMATED ANNUAL GROSS PAYROLL: \_\_\_\_\_

ESTIMATED ANNUAL GROSS LIQUOR SALES (IF APPLICABLE): \_\_\_\_\_



**COMMERCIAL PROPERTY LIMITS:**

BUILDING: \_\_\_\_\_

BUSINESS PERSONAL PROPERTY: \_\_\_\_\_

BUSINESS INCOME: \_\_\_\_\_

TENANTS IMPROVEMENTS: \_\_\_\_\_

YEAR BUILT: \_\_\_\_\_

AREA (SQ.FT.): \_\_\_\_\_

CONSTRUCTION TYPE (FRAME, MASONRY...): \_\_\_\_\_

#OF STORIES: \_\_\_\_\_

LAST UPDATES PLUMBING, ELECTRICAL, ROOF (YR): \_\_\_\_\_

AUTOMATIC FIRE SPRINKLERS (Y/N): \_\_\_\_\_

CENTRAL STATION BURGLAR ALARM (Y/N): \_\_\_\_\_

CENTRAL STATION FIRE ALARM (Y/N): \_\_\_\_\_

ANY VACANCIES (%) \_\_\_\_\_

**CURRENT INSURANCE INFO (OR ATTACH DECLARATION PAGE):**

CARRIER NAME: \_\_\_\_\_

# OF YEARS OF PRIOR INSURANCE: \_\_\_\_\_

ANY CLAIMS IN THE PAST 4 YEARS: \_\_\_\_\_ (NEED LOSS RUNS)

CURRENT POLICY EXPIRATION DATE: \_\_\_\_\_

TARGET PREMIUM: \_\_\_\_\_



**WORKERS/COMPENSATION**

PAYROLL BREAKDOWN PER CLASS CODE  
(ESTIMATED ANNUAL GROSS PAYROLL. DO NOT INCLUDE THE OFFICERS' PAYROLL)

Class/Code: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ #Employees \_\_\_\_\_  
Class/Code: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ #Employees \_\_\_\_\_  
Class/Code: \_\_\_\_\_ Payroll: \$ \_\_\_\_\_ #Employees \_\_\_\_\_

FEIN # \_\_\_\_\_

EXCLUDED OFFICERS' NAMES: \_\_\_\_\_

CURRENT INSURANCE INFO (OR ATTACH DECLARATION PAGE):

# OF YEARS OF PRIOR INSURANCE: \_\_\_\_\_

ANY CLAIMS IN THE PAST 4 YEARS: \_\_\_\_\_ (NEED LOSS RUNS)

CURRENT POLICY EXPIRATION DATE: \_\_\_\_\_

TARGET PREMIUM: \_\_\_\_\_

**COMMERCIAL AUTO**

**VEHICLES:**

- 1) YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ GVW \_\_\_\_\_ VALUE \_\_\_\_\_
- 2) YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ GVW \_\_\_\_\_ VALUE \_\_\_\_\_
- 3) YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ GVW \_\_\_\_\_ VALUE \_\_\_\_\_
- 4) YEAR \_\_\_\_\_ MAKE/MODEL \_\_\_\_\_ GVW \_\_\_\_\_ VALUE \_\_\_\_\_

**DRIVERS:**

- 1) NAME \_\_\_\_\_ DOB \_\_\_\_\_ DL \_\_\_\_\_
- 2) NAME \_\_\_\_\_ DOB \_\_\_\_\_ DL \_\_\_\_\_
- 3) NAME \_\_\_\_\_ DOB \_\_\_\_\_ DL \_\_\_\_\_
- 4) NAME \_\_\_\_\_ DOB \_\_\_\_\_ DL \_\_\_\_\_



**COMMERCIAL AUTO COVERAGES:**

LIABILITY LIMITS: \_\_\_\_\_

UNINSURED MOTORIST: \_\_\_\_\_

MEDICAL PAYMENTS: \_\_\_\_\_

COMP/COLL DEDUCTIBLES: \_\_\_\_\_

**CURRENT INSURANCE INFO (OR ATTACH DECLARATION PAGE):**

# OF YEARS OF PRIOR INSURANCE: \_\_\_\_\_

ANY CLAIMS IN THE PAST 4 YEARS: \_\_\_\_\_ (NEED LOSS RUNS)

CURRENT POLICY EXPIRATION DATE: \_\_\_\_\_

TARGET PREMIUM: \_\_\_\_\_

**BOND**

WHO'S REQUIRING IT? \_\_\_\_\_

BOND LIMIT: \_\_\_\_\_

CURRENT INSURANCE COMPANY NAME: \_\_\_\_\_

CURRENT BOND EXPIRATION DATE: \_\_\_\_\_

Fax back to: 818-546-2262  
OR  
E-mail to: RipsimeT@Universal1st.com