



New Business Questionnaire Small Biz Dept

Name _____

Address _____

Phone _____ Cell _____ Fax _____

Email _____ Website _____

FEIN# _____ UIC# _____

Years in Business* _____

*If less than 3 years, how many years of management experience. _____

Nature of Business _____

PROPERTY

Building _____ Contents _____ Business Income Lmt _____ Deductible
Year Built _____ Construction _____ Sprinklered? _____
Square Feet _____ Updates: Roof _____ Heating _____ Plumbing _____ Electrical _____

GENERAL LIABILITY

Limits _____ Projected
Estd Payroll _____ SubCost (If applicable) _____ Sales _____

BUSINESS AUTO

Limit of Liability _____

Year	Make	Model	VIN#	Comp
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Year	Make	Model	VIN#	Comp
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WORK COMP

Payroll by Class _____ # of EE's _____ FT _____ PT _____

UMBRELLA Yes _____ No _____ Limit _____

Misc Cov'g &/or Additional Underwriting Info: _____

