

New Business Questionnaire

Need by Date: _____ Producer: _____ Target Premium: _____

General Information Section				
Named Insured				
Contact Name		Title		
Phone		FEIN		
Email Address				
Effective Date		Current Carrier		
Mailing Address				
City, State & Zip				
Entity Type	Individual	LLC	Corporation	Other
Description of Operations				

Property Information	
Location Address	
City, State & Zip	

Year Built	Stories	Square Footage	Roof Update Year	Construction

Cov. Type	Cov. Amount	Valuation	Coinsurance	Deductible

Optional Property Coverage to be Quoted		
Broadened Property Endorsement	Equipment Breakdown	
Earthquake	Flood	Agreed Amount
Other	Explain	

Inland Marine Information		
Contractor's Equipment	Total Limit*:	Deductible:
Miscellaneous Equipment	Total Limit*:	Deductible:

Crime Information				
Employee Theft	Forgery	Theft Inside	Theft Outside	Computer Fraud
ERISA Coverage		Plan Name		
Crime Deductible				

Umbrella Information
Umbrella Limit

General Liability Information		
General Liability Limit		Med Pay Limit
Annual Sales:	# of Employees:	Annual Payroll:

Schedule of Hazards			
Class Code	Description	Premium Basis	Exposure

Optional Liability Endorsements to be Quoted			
Hired/Non-Owned Auto		Broadened GL	Ohio Employers Liability Defense
EPLI	Limits	Employee Benefits Liability	
Other	Explain		

Commercial Auto Information			
Liability Limit	Med Pay Limit	UM/UIM	UMPD

Optional Auto Endorsements to be Quoted			
Hired/Non-Owned Auto		Broadened Auto	Towing & Labor
Rental Reimbursement	Limits	Hired Car Physical Damage	Limits
Other	Explain		

Vehicle Schedule				
Year	Make/Model	VIN	Comp	Coll

Additional Items to Note

Have you asked for the following information:

Loss Information 3 or 5 years

Copies of Current Policies

Drivers List

Vehicle Schedule

Preferred Method of Contact Email

Phone

Workers Compensation Information**Workers Compensation Limit**

State	Class Code	Payroll	Employees
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