



UNDERWRITERS
INSURANCE AGENCIES
(POWELL RIVER) LTD.

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Commercial Insurance Questionnaire

Name of Person Applying:

Phone #:

Business Name (if applicable):

Email:

Business Location Address:

Mailing Address (If different)

How is the business structured:

(Proprietorship OR Partnership OR Corporation/Limited Liability Company)

Do you currently have a business insurance policy in force:

What is the insurance company, policy number, & expiry date:

How many years have you carried continuous insurance for, any gaps?:

Have you ever been cancelled, declined, or refused renewal of insurance?

Have you had any claims or losses in the past 5 years:

If so, please state the amount, type of claim, and date of loss:

Please describe your business operations in detail (what products or services you offer):

What are your gross annual receipts (split per operation):

(if this is a new venture, please indicate your estimated gross receipts for the next 12 months)

How many years have you been operating this specific business:

How many years of experience do you have in this line of work:

Do you own or rent your business location:

Are there any other occupants/tenants in the building:

How much of the building do you occupy:

What is the age of the building:

What is the construction of the building:

What is the type of heat in the building:

Is the building sprinklered for fire protection:

What is the public fire protection (hydrant within 150m / firehall within 5km):

What coverages are you interested in obtaining a quote on:

Liability Limit (general / professional)

Crime (loss of money)

Building coverage

Business Interruption (Loss of Earnings)

Equipment/Tools coverage

Equipment Breakdown

Coverage for Stock/Goods For Sale

Cyber/Data Coverage

Office Contents/Computers

Cargo coverage/Property in Transit