

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:

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| 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 |