

## COMMERCIAL INSURANCE INDICATION QUESTIONNAIRE

INCOMPLETE SUBMISSION WILL NOT BE PROCESSED. IF ANSWER IS NOT APPLICABLE SO STATE "N/A"

PRODUCER/AGENCY \_\_\_\_\_ PRODUCER CODE \_\_\_\_\_  
 AGENCY EMAIL \_\_\_\_\_ AGENCY PHONE # \_\_\_\_\_

### APPLICANT INFORMATION

NAME (FIRST AND LAST NAME OR CORPORATE NAME) \_\_\_\_\_

DBA (DOING BUSINESS AS) \_\_\_\_\_

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

CITY, ZIP \_\_\_\_\_

LEGAL ENTITY  Individual  Partnership  Corporation  LLC  LLP  Other \_\_\_\_\_

LOCATION ADDRESS (for additional locations, please use ACORD 125)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

YEARS IN BUSINESS \_\_\_\_\_ IF NEW, YEARS OF EXPERIENCE \_\_\_\_\_

DESCRIPTION OF OPERATION

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

# OF ACTIVE OWNERS \_\_\_\_\_  
 ANNUAL GROSS SALES \_\_\_\_\_  
 # OF EMPLOYEES \_\_\_\_\_  
 EMPLOYEE PAYROLL \_\_\_\_\_  
 AREA OCCUPIED (SQ. FT.) \_\_\_\_\_

CLAIM HISTORY  Check here if NO CLAIMS

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

ADDITIONAL INSURED  LOSS PAYEE  MORTGAGEE  OTHER \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 CITY, STATE, ZIP \_\_\_\_\_

**GENERAL LIABILITY SECTION**

LIMITS DESIRED:       1,000,000/2,000,000       2,000,000/3,000,000       OTHER \_\_\_\_\_

IF DAY CARE OR SCHOOL, NUMBER OF ENROLLED STUDENTS? \_\_\_\_\_ AVERAGE DAILY ATTENDANCE \_\_\_\_\_

IF APARTMENT, NUMBER OF UNITS \_\_\_\_\_ (Apartment Supplemental Application may be required)

IF BARBER SHOP, BEAUTY PARLOR OR NAIL SALON (INCLUDING SPA, MASSAGE PARLOR),  
 NUMBER OF OPERATORS:      EMPLOYEES \_\_\_\_\_      INDEPENDENT BOOTH OPERATORS \_\_\_\_\_

IF LESSORS RISK, LIST OF TENANTS INCLUDING DESCRIPTION OF BUSINESS AND AREA OCCUPIED

UNIT #	BUSINESS NAME	DESCRIPTION	AREA OCCUPIED (SQ. FT.)

Use separate sheet for additional tenants

IF RESTAURANT –      HOURS OF OPERATION \_\_\_\_\_  
 FOOD SALES \_\_\_\_\_  
 LIQUOR SALES \_\_\_\_\_  
 TOTAL GROSS SALES \_\_\_\_\_  
 ANY ENTERTAINMENT?  YES  NO  
 ANY CATERING?       YES  NO      IF YES, SALES FROM CATERING \_\_\_\_\_

IF WHOLESALE –      ANY DIRECT IMPORTING OF FOREIGN PRODUCTS?  YES  NO

**PROPERTY SECTION (Complete this section if property coverage is desired)**

**COVERAGES**

BUILDING	_____	<input type="checkbox"/> ACV <input type="checkbox"/> RC
BPP (CONTENTS) *	_____	* CS Burglar Alarm required for Special Form
BUSINESS INCOME	_____	Monthly Limitations may apply

**PREMISES INFORMATION**

CONSTRUCTION TYPE \_\_\_\_\_  
 NUMBER OF STORIES \_\_\_\_\_  
 AREA (SQ. FT.) \_\_\_\_\_  
 ORIGINAL YEAR BUILT \_\_\_\_\_

IF MORE THAN 25 YEARS, PLEASE PROVIDE UPDATES

ELECTRICAL \_\_\_\_\_ PLUMBING \_\_\_\_\_ ROOFING \_\_\_\_\_ HVAC \_\_\_\_\_

CENTRAL STATION BURGLAR ALARM?  YES  NO \* Required for theft coverage  
 CENTRAL STATION FIRE ALARM?  YES  NO  
 IS THE BUILDING 100% SPRINKLERED?  YES  NO