

Commercial Property Questionnaire



CONTACT INFORMATION

First Name Last Name

Company Name

Address

City State Zip

E-mail Phone

Requested Effective Date:

TELL US ABOUT YOUR OPERATIONS

Description of Operations

Year Started Year Experience

TELL US ABOUT YOUR BUILDING

Year Built If over 15 years, has property been updated? Yes No

Year Updated: Roof Plumbing Electric HVAC

Description of Updates

Area # of Stories Full Baths Half Baths

Roof Construction

Heating Central Floor Furnace Electric Heater Fireplace

Gas Space Heater Vented or Un-Vented

Cooling Central Window Units Two Pipe System

Any construction, renovation or improvements planned in the next 12 months?

Yes If yes,
No describe

Residential Use?

Yes If yes,
No describe

Security: check all that apply

Monitored Burglar Alarm
Smoke Alarms

Monitored Fire Alarm
Carbon-Monoxide Alarms

Deadbolt on all Doors
Bars on Windows

LOSS HISTORY

Provide summary of losses in the last three (3) years (Date of Loss, Description of Loss, Amount Paid)

Description

Insurance Declined, Cancelled or Non-Renewed in last three (3) years?

No

Yes

COVERAGE OPTIONS

Building Limit:

Replacement Cost

Actual Cash Value

Contents Limit:

Detached Structures

Liability

Other:

Loss of Rents

Ordinance & Law

Additional Buildings

Additional
Information