



COMMERCIAL INSURANCE FACT FINDER

BUSINESS /INSURED NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ YEARS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_ YEARS: \_\_\_\_\_

SQ FT: \_\_\_\_\_ OWN \_\_\_\_\_ RENT \_\_\_\_\_ GROSS SALES/REVENUE: \$ \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

FAX #: \_\_\_\_\_ GL CODE: \_\_\_\_\_ NAICS: \_\_\_\_\_ SIC: \_\_\_\_\_

BUSINESS ENTITY: \_\_\_\_\_ SOLE PROP \_\_\_\_\_ LLC \_\_\_\_\_ LLP \_\_\_\_\_ CORP \_\_\_\_\_ NON-PROFIT \_\_\_\_\_

OTHER: \_\_\_\_\_ BUS ENTITY NOTES: \_\_\_\_\_

BUSINESS EIN/TAX ID: \_\_\_\_\_ # OF EMPLOYEES F/P TIME: \_\_\_\_\_ / \_\_\_\_\_

EMPLOYEE NOTES: \_\_\_\_\_

ANNUAL PAYROLL: \_\_\_\_\_ EFFECTIVE DATE: \_\_\_\_\_

PAYROLL BY SPECIALTY: \_\_\_\_\_

YEAR STARTED: \_\_\_\_\_ PRIOR EXPERIENCE: \_\_\_\_\_

BUSINESS OWNER 1 NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PH: \_\_\_\_\_

OTHER CONTACT: \_\_\_\_\_ PH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

DESCRIPTION OF OPERATIONS/BUSINESS/NOTES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

REVENUE/SALES EACH SPECIALTY (% OR \$\$): \_\_\_\_\_

\_\_\_\_\_

SUBCONTRACTORS: YES NO -REQUIRE INS PROOF SAME LIMITS: YES NO

OPERATIONS SUBCONTRACTED: \_\_\_\_\_

SUBCONTRACTOR NOTES: \_\_\_\_\_

ANNUAL SUBCONTRACTOR EXPENSE: \$ \_\_\_\_\_ # SUBCONTRACTORS: \_\_\_\_\_

EMPLOYEE PERSONAL AUTO USE: YES NO / USE DESC: \_\_\_\_\_

HIRED/NON-OWNED AUTO REQUESTED: YES NO NOTES: \_\_\_\_\_

PREVIOUS INSURANCE INFO- TYPE, COMPANY, & TENURE

PREVIOUS INSURANCE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ YEARS: \_\_\_\_\_

PREVIOUS INSURANCE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ YEARS: \_\_\_\_\_

PREVIOUS INSURANCE: \_\_\_\_\_ EXP DATE: \_\_\_\_\_ YEARS: \_\_\_\_\_

NOTES: \_\_\_\_\_

COVERAGE REQUESTED/ PRIORITIES:

LIABILITY LIMITS:\$ \_\_\_\_\_ PROF. LIABILITY: YES NO

ADD'L INSURED REQUIRED: YES NO -WAIVER OF SUBROGATION: YES NO

ADDITIONAL INSURED: \_\_\_\_\_

BUSINESS PERSONAL PROPERTY (BPP): \$ \_\_\_\_\_ INLAND MARINE:\$ \_\_\_\_\_

INLAND MARINE NOTES: \_\_\_\_\_

WORKERS COMP: YES NO---- EXPERIENCE MOD: \_\_\_\_\_

CYBER/DATA BREACH: YES NO---EPLI: YES NO--D&O: YES NO

COMM AUTO: YES NO # OF VEHICLES: \_\_\_\_\_ # DRIVERS: \_\_\_\_\_

TELEMATICS: YES NO NOTES: \_\_\_\_\_

ACCIDENTS/TICKETS: \_\_\_\_\_

LOSSES: PAST 5 YEARS (LOSS RUNS MAY BE REQUESTED)

LOSS DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

NOTES: \_\_\_\_\_

LOSS DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

NOTES: \_\_\_\_\_

LOSS DATE: \_\_\_\_\_ TYPE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

NOTES: \_\_\_\_\_

COMMERCIAL PROPERTY/ LOCATION COVERAGE DETAILS:

PREMISES #: BUILDING #: OWNED RENTED LESSOR RISK /SQ FT:

ADDRESS:

CONSTRUCTION TYPE: EXT WALL:

CONST DESCRIPTION:

FOUNDATION TYPE: # STORIES: YR BUILT:

ROOF TYPE: YR REPLACED: HAIL EXCLUSION: YES NO

PLUMBING UPDT: ELECTRIC TYPE: ELECTRIC UPDT:

HEAT TYPE: YR REPLACED: A/C TYPE: YR REPLACED:

NOTES:

BPP LIMIT: BPP TYPE:

BPP NOTES:

REPL VALUE: ALL PERIL DED: W/H DEDUCTIBLE:

DISTANCE TO: FIRE HYDRANT: FIRE DEPT: PROT CLASS:

RESPONDING FIRE DEPT: CAREER/VOLUNTEER:

ALARMS/ETC: FIRE SMOKE CO2 BURG SPRINKLER AES GUARD

ALARM MONITORED: YES NO ALARM MONITORED BY:

SURROUNDING EXPOSURES:

OTHER OCCUPANCIES:

STRUCTURE USE/ TYPE:

ADD'L INTEREST & TYPE:

ADD'L STRUCTURE TYPE: CONST TYPE:

FOUNDATION: ROOF TYPE: ROOF REPLCD:

EXTERIOR MATERIAL: REPL VALUE: YEAR BUILT:

DESCRIPTION:

ADD'L STRUCTURE TYPE: CONST TYPE:

FOUNDATION: ROOF TYPE: ROOF REPLCD:

EXTERIOR MATERIAL: REPL VALUE: YEAR BUILT:

NOTES: