

COMMERCIAL PACKAGES AND WORKERS COMPENSATION QUESTIONNAIRE

Business Insurance

We offer insurance packages that are tailored to the different types of businesses out there today. Whether you are looking to insure your business property, building, equipment, company vehicle, or employees, we have the products and services to protect you.

Your full name: _____

Your email address: _____

Business Name: _____

Contact Number: _____

Current Insurance Co. (not agency): _____

Policy Expiration Date: _____

Current Coverages(check all that apply): Bond Commercial Auto
 Commercial Liability Commercial Property Commercial Umbrella
 Disability Errors & Omissions Group Health Group Life
 Workers Compensation

Please give a brief description of your business and operations:

Years in Business: _____

Annual Gross Receipts: _____

Annual Payroll: _____

of Employees: _____

Have you had any losses in the past 5 years? Yes No

If yes, please give a brief description and amount paid out: _____

Any Additional Comments:
