

WHOLESALE, DISTRIBUTORS & MANUFACTURERS QUESTIONNAIRE

BUSINESS NAME: _____

CONTACT NAME: _____ PHONE: _____

MAILING ADDRESS: _____

LOCATION ADDRESS: _____

CITY: _____ ST _____ ZIP _____

OWNERSHIP

____ Individual ____ Corporation ____ Non-Profit Corporation ____ Partnership

____ Other: _____

BUILDING CHARACTERISTICS:

Construction Type: (Select) Frame _____ Brick _____ Non-Combustible _____

Number Of Stories:

Approximate Square Feet Occupied by Your Operation:

Approximate Total Square Feet of Building:

Year Built:

Year Updated: Roof _____; Electric _____, Plumbing _____, Heating/Air
Conditioning _____

Type Of Electric: Fuses _____ Circuit Breakers _____

Type Of Heating: Boiler _____; Gas Forced Air _____; Space Heaters

Protection Devices: Smoke Detectors _____; Fire Alarms _____; Burglar Alarms _____;
Sprinklers _____; Emergency Lighting _____

Please provide a description of the property including any additions or upgrades that should be considered:

UNDERWRITING INFORMATION:

Please provide a detailed description of your operations / products:

Number of Employees:

Total Estimated Annual Sales/Receipts:

Total Estimated Foreign Sales/Receipts:

Do you repackage, relabel or modify any products of others:

CURRENT COVERAGES:

Building Limit:

Contents Limit:

Stock Limit:

Personal Property of Others Limit:

Personal Property In Transit Limit:

Property Off Premises / At Exhibition Limit:

Business Income/Interruption Limit:

Electronic Data Processing Limit (computer hardware/software):

Deductible:

General Liability Limits:

Professional Liability Limit:

Current Insurance Company:

Expiration Date:

Annual Premium:

Describe Any Losses Over \$5,000:

Completion Of This Questionnaire Does Not Afford Coverage And Is Used For Quoting Purposes Only.

ADDITIONAL COVERAGES REQUESTED:

WORKERS COMPENSATION, AUTOMOBILE, CRIME, UMBRELLA, OTHER