

Commercial Insurance Quick Questionnaire



What Insurance are you applying for: (check all that apply)

Workers Comp BOP General Liability Other: _____

Contact Information

Contact Full Name _____
Company Name _____
Address _____
Phone O: _____ C: _____
Email _____

Applicant Information

Legal Entity _____

Principals Full Name

Title/Position

_____	_____
_____	_____
_____	_____

Are you a new business Yes No

Number of Years in Business _____

Number of W2 Employees – *Do not include owners* _____

Number of 1099 Employees – *Do not include owners* _____

Exclude owners from coverage Yes No

Payroll

Please provide the gross Annual Payroll for the following

W2 Employees – *Do not include owners* \$ _____

1099 Employees – *Do not include owners* \$ _____

Owners \$ _____

Are the owners W2 or 1099? W2 1099

Current Policy Information

Current Carrier _____

Policy Period _____ To _____

Classification Code(s) _____

Brief description of work performed _____

Experience Modification Factor – *Definition - An adjustment of an employer's premium for worker's compensation coverage based on the losses the insurer has experienced from that employer.* _____

Comments

Please email a Copy of most recent 5 year loss run