



General

Yes No

- 1. Have you formed any new business entities such as a corporation, partnership, joint venture, LLC, or profit sharing plan? Yes No

If yes, please name: _____

- 2. Do you have any Business Insurance policies with another insurance agency? Yes No

If yes, please list:

Policy Type: _____ Agency/Insurance Co: _____

Policy Type: _____ Agency/Insurance Co: _____

- 3. Did you enter into any types of contracts (e.g. premises lease, personal property lease, employee lease, construction contracts, shipping contracts, etc.) that require you to carry certain insurance policies? Yes No

If yes, please list the types of contracts and forward a copy for our review (unless you have already done so) to make sure that you are in compliance:

Worker's Compensation

Yes No

- 1. **WARNING FOR CONTRACTORS:** If you do not currently hold certificates of insurance for your subcontractors, YOU could be charged for their worker's compensation! Do you have their certificates on file? Yes No

**** Only answer questions 2 – 5 below if you carry a Worker's Compensation Policy ****

- 2. How many employees, including owners, will you have over the next 12 months? Yes No

of Employees: _____ Annual Payroll \$: _____

Will your overall payrolls be up, down, or the same? Up Down Same

- 3. Do you plan on using any subcontractors over the next 12 months? Yes No

If yes, what type of work will they perform? _____

Annual cost of subcontractors' services to you: _____

- 4. As of the renewal date of your policy, do you have any work scheduled to be performed or employees to be located outside of New Jersey? Yes No

If yes, please indicate the states: _____

- | | | |
|---|--------------------------|--------------------------|
| | Yes | No |
| 5. Do Sole Proprietors, Executive Officers, LLC Members, or Partners elect to cover themselves under your worker's compensation policy? | <input type="checkbox"/> | <input type="checkbox"/> |

If no, please list people to be excluded:

Name: _____ Title: _____ DOB: _____

Name: _____ Title: _____ DOB: _____

General Liability

- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. If you were sued for more than your current Limit of Liability, would you want your insurance company to pay for this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. What are your estimated gross sales revenues for the next 12 mo: _____
Estimate annual payrolls for your non-office/clerical employees: _____ | | |
| 3. If a disgruntled employee were to sue you for alleged discrimination, sexual harassment, or wrongful termination, would you want your policy to cover this? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do your employees ever use their own vehicles to conduct business or run errands on your behalf? | <input type="checkbox"/> | <input type="checkbox"/> |

Business Auto

- ** Please disregard this section if we do not insure a vehicle for your business ****
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| 1. The last page of this checklist is a Commercial Auto Driver Information Schedule . Please complete the form by listing every person that drives your company-owned cars, any person that drives his/her own car for company business, and any person that may lease or rent a vehicle for company use. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Please review carefully the vehicles listed on your Commercial Auto Policy. Are there any changes that need to be made to the vehicles covered, lienholders, or deductibles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do any of your employees use company vehicles for personal use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are all of the vehicles on your Business Auto Policy registered in your company name? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you always check the Motor Vehicle Record (MVR) of a driver before hiring and before allowing them to drive your vehicle? | <input type="checkbox"/> | <input type="checkbox"/> |

Property

Yes No

- 1. Please refer to your policy that will provide a list of covered locations, building limits, personal property limits, business income limits, mortgagees, lienholders, etc. Are the insured values listed for each coverage sufficient to cover the full replacement cost should such property be destroyed by fire, tornado, etc.? *(WARNING: If the limits are not high enough you may be subject to a Coinsurance Penalty, which may reduce the claim amount that you collect in the event of a partial loss.)*

- 2. Have you recently upgraded or made additions to any of the buildings or added additional business contents that have not been reported to us?
If yes, please indicate what was done and the cost: _____

- 3. Have you recently updated any of the following:
 - heating/AC Year updated: _____
 - plumbing Year updated: _____
 - wiring Year updated: _____
 - roof Year updated: _____

- 4. Do you have a central station fire and burglar alarm at your location?

- 5. Would you consider increasing your deductible to lower your premium? Please review your policy to see what your current deductibles are.

- 6. **DANGER!** Every Property Insurance Policy has internal sub-limits. Please indicate the amount of coverage you need (if any) for each of the following special types of property. If no coverage is needed, please indicate "0":
 - \$ _____ computer hardware
 - \$ _____ computer software
 - \$ _____ your personal property while away from the premises
 - \$ _____ contractor equipment taken off premises

- 7. **WARNING.** Flood is not automatically included on most insurance policies. Would you like a quote for flood insurance?

- 8. If an employee stole money from your business, would you want it paid back?

Other

Yes No

- 1. May we have your email address for our records? _____

- | | | Yes | No |
|----|--|--------------------------|--------------------------|
| 2. | Would you like to schedule an appointment for a phone review or in-office visit to discuss your insurance program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Would you like someone from the agency to contact you to give you a quote on your personal insurance needs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Our office currently writes Group and Individual Health Insurance coverage with several major carriers. Would you like a quotation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Our office offers Life Insurance with several major insurance carriers at <u>very</u> affordable rates. Would you like us to contact you regarding life insurance? | <input type="checkbox"/> | <input type="checkbox"/> |

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This form was completed by: (Print Name) _____ Title: _____

Signature: _____ Date: _____

Daytime Phone #: _____

PLEASE MAIL BACK THIS COMPLETED FORM IN THE ENCLOSED ENVELOPE,
OR BETTER YET, FAX IT BACK TO 609-693-4935