

PACKAGE QUESTIONNAIRE

Corporate Name _____

DBA _____

Address _____

City _____ State _____ Zip _____

Phone () _____ Fax () _____

e-mail _____

Insurance Carrier (or None) _____

Insurance Contact Person _____

Policy # _____

Expiration Date _____

Annual Premium _____

Payroll – Sales _____

Payroll – Clerical _____

Office Area _____ Building Age _____ Construction Type _____

Alarm Type or none _____ Fire Sprinklers (Yes or No) _____

Replacement Cost of Furniture, Fixtures & Equipment _____

Replacement Cost of Computers _____

Deductible _____

Lessor (For Additional Insured Endorsement) Name _____

Address _____ City _____ State _____ Zip _____

Number of Licensed Agents _____ Number of Clerical _____

Certificates of Automobile Insurance Obtained From Agents (Yes or No) _____

Prior Claims Details _____

Special Coverage or Endorsements Required _____

(Please fax back to 1-888-567-1522)