



**INSTRUCTIONS:**

- **Complete the form in its entirety.**
- If you are a **new business** please provide an ESTIMATE of your SALES, PAYROLL, & # of EMPLOYEES.
- If you require **commercial auto insurance** please note that the vehicle (s) must be registered in the name of the business.
- Attach a copy of current policies, if applicable.
- **Submit the completed form via fax or email: 301-963-3652 or business@assetreprotect.com.** If you require additional assistance please call us: 301-987-7435.

**COMMERCIAL INSURANCE PRELIMINARY QUESTIONNAIRE**

Date		Requested Effective Date		Must Have Date	
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**How Did You Hear About Us? (Choose best match and feel free to include specifics in the lines provided. Thank you!)**

- Referred by \*: \_\_\_\_\_ (\*please include name)  
 Internet: \_\_\_\_\_  Social Media: \_\_\_\_\_  
 Others: \_\_\_\_\_

**BUSINESS INFORMATION**

Legal Name of Business		Legal Structure	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
			<input type="checkbox"/> LLC	<input type="checkbox"/> Corporation
Street Address				
City / State / ZIP				
Mailing (If Different)				
Phone		Fax		
FEIN / Social Security No.		Year Business Started		
Owner's Name		Phone	Mobile	
Email Address		e-Newsletter opt-in <input type="checkbox"/>	# Years of Experience	
Insurance Needed	<input type="checkbox"/> GL <input type="checkbox"/> Property <input type="checkbox"/> Auto <input type="checkbox"/> Umbrella <input type="checkbox"/> Workers' Comp <input type="checkbox"/> Equipment			
Description of Operations / Products / Services				
Current Year Annual Sales / Revenue		Prior Years' Annual Sales / Revenue	Seasonal Fluctuation	Y / N
Estimated Annual Payroll		# of FT Employees	# of PT Employees	
Recently Awarded A Contract?	Y / N	<b>If yes, please attach the COMPLETE copy of the contract. We will review it to ensure that your company is meeting any and all insurance requirements, if any.</b>		

**Mailing Address:** P. O. Box 7641, Gaithersburg, MD 20898  
**Email:** business@assetreprotect.com

**Phone:** 301.987.7435  
**Fax:** 301.963.3652



**Asset & Reputation**  
**PROTECTION**  
INSURANCE SOLUTIONS TO PROTECT WHAT MATTERS MOST!

PRIOR INSURANCE FORMATION					
Prior Insurance Carrier				Effective Dates	
Current / Prior Policy Number		Current / Prior Premium		Cancelled / Non-renewed?	Y / N
Claims In The Past 5 Years?	Y / N	Year / Type / Amount			

GENERAL LIABILITY INFORMATION						
Limits Desired	<input type="checkbox"/>	\$500,000 / \$1,000,000	Total Payroll			
	<input type="checkbox"/>	\$1,000,000 / \$2,000,000	Gross Sales / Receipts			
	<input type="checkbox"/>	\$2,000,000 / \$4,000,000				
	<input type="checkbox"/>	Other: _____				
For Contractors						
Are Subcontractors Used?	Y / N	Total Subcontracted Work Cost?		Insured Sub Cost?		Uninsured Sub Cost
% Commercial Work		% Residential Work		% Work Subcontracted		
Type of Work Subcontracted?				Are Certificates of Insurance Required on Subs?	Y / N	

PROPERTY INFORMATION									
(If you have additional properties to insure please attach a separate sheet of paper with the following information.)									
Location Address					Occupancy Type	<input type="checkbox"/>	Owner Occupant	<input type="checkbox"/>	Tenant
						<input type="checkbox"/>	Lessors Risk	<input type="checkbox"/>	Home-Based
If rental property, what type of business?				Building Limit Desired		Business Personal Property Limit Desired			
Construction Type	<input type="checkbox"/>	Frame	<input type="checkbox"/>	Masonry	Roof Type			Year Built	
	<input type="checkbox"/>	Other	_____						
Square Feet		# of Stories		Sprinkler'd	Y / N	Basement	Y / N	Alarm Type	<input type="checkbox"/>
									Local
									Monitored
<b>IF OVER 20 YEARS OLD, YEAR OF UPDATES:</b>				Plumbing		Heating		Electrical	
									Roof

Loss Payee \_\_\_\_\_

**If you lease office space for the business please attach a copy of the lease contract / agreement. We will review it to ensure your business is meeting insurance requirements, if any.**

BUSINESS PERSONAL PROPERTY INFORMATION	
Please list the value of the following items that you would like to insure in the event of a loss:	<input type="checkbox"/> Furnishings / Artwork: \$ _____ <input type="checkbox"/> Stock / Inventory: \$ _____ <input type="checkbox"/> Computer Equipment: \$ _____ <input type="checkbox"/> Computer Software: \$ _____

OFFICE USE ONLY			
Date Received: _____	Quoted By: _____	Follow-Up: _____	Client #: _____ Pol Eff Date(s): _____



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COMMERCIAL AUTO						
Limits of Liability Desired:			Filings	Y/ N	What type?	
Physical Damage Deductible	<input type="checkbox"/> Comprehensive	Medical Payments	Y/ N		Towing	Y/ N
	<input type="checkbox"/> Collision	Rental	Y/ N		Special Equipment	Y/ N
Long Haul Trucking	Y/ N	<b>If yes, please request the last 4 quarters of IFTA reports.</b>				

Vehicle Schedule						
YEAR	MAKE	MODEL	VIN	VALUE	DEDUCTIBLE	LIENHOLDER (Y/ N)

Driver Schedule			
Name	License # / State	DOB	Social Security #

EQUIPMENT						
YEAR	MAKE	MODEL	SERIAL NUMBER	VALUE	DEDUCTIBLE	LIENHOLDER (Y/ N)

<b>OFFICE USE ONLY</b>			Client #: _____	
Date Received: _____	Quoted By: _____	Follow-Up: _____	Pol Eff Date(s): _____	



EQUIPMENT (continued)			
Storage Practice		Employee Tools Value (if any)	
Owned & Borrowed Limit		Unscheduled Tools (Total Value)	
Rental Expense Reimbursement	Y / N	Rented / Leased Contractors Tools & Equipment Value	

WORKERS' COMPENSATION					
Limits Desired	<input type="checkbox"/> 100 / 500 /100 (State Required Min.) <input type="checkbox"/> 500 / 500 /500 <input type="checkbox"/> 1MIL / 1MIL / 1MIL *Limits are in hundreds of thousands	# of Employees		Subcontractors Used?	Y / N
Are Certificates of Insurance Required on Subs?	Y / N	Payroll for Subcontractors (if any)			

Job Descriptions				
Job Description	# of Employees	# of FT Employees	# of PT Employees	Payroll

Excluded Officers / Owners					
Name	DOB	Duties	Title	% Owned	Payroll

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UMBRELLA		
Do you have an Umbrella Liability Policy?	Y / N	If yes, what is your coverage limit?
Any losses in the past 5 years?	Y / N	If yes, please explain below:

ADDITIONAL INSURANCE OPTIONS
<p>Check below for quote or more information on the following:</p> <p><input type="checkbox"/> Personal Lines: Auto / Renters / Homeowners / Condo / RV / ATV / Fine Arts</p> <p><input type="checkbox"/> Employee Benefits</p> <p><input type="checkbox"/> Flood Insurance</p> <p><input type="checkbox"/> Financial Services: Life or Individual &amp; Group Health, Disability, Retirement Solutions &amp; More</p>

Asset & Reputation Protection uses the information provided by you and other sources, such as your driving record, claims history and credit report to calculate an accurate price for your insurance. The agency provides their insurance partners with only the information necessary to obtain a quote. See our Privacy Statement for how we use and protect your personal information at [www.assetreprotect.com/privacy](http://www.assetreprotect.com/privacy). Asset & Reputation Protection is a licensed insurance agency.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

OFFICE USE ONLY		Client #: _____
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