



ALLIED SURETY
BONDING & INSURANCE

BUSINESS OWNERS
INSURANCE QUESTIONNAIRE

PHONE: (817) 410-7993
LISA DIRECT: (972) 567-9743
CORTNEY DIRECT: (817) 343-6254

GRAPEVINE, TEXAS
WEBSITE: WWW.ALLIEDSURETY.COM
EMAIL: ALLIED@ALLIEDSURETY.COM

Business Name & Mailing Address

Property Address Being Insured

Contact Person: _____

Phone # _____ Email: _____

Do you have any other business locations? ___No ___Yes

Legal Entity: ___Sole Proprietor ___Corporation ___Partnership ___LLC ___Other

Insurable Interest: ___Owner/Occupant ___Tenant

Effective Date Requested: _____

Description of Business/Services Provided: _____

of Years in Business: _____ # of Years Experience in this type of Business: _____

Employer ID # (FEIN): _____

Total Estimated Annual Receipts/Gross Revenue: _____

Total # of Employees: _____ Full Time _____ Part Time

Total Estimated Annual Payroll for all employees (excluding owner): \$ _____

Are Subcontractors Used? ___No ___Yes

If yes, do you require a certificate of insurance from the subcontractor? ___Yes ___No

Are any autos titled, owned, or leased by the business or corporation? ___Yes ___No

BUILDING INFORMATION

This information is required in order to provide you with a cost estimate. If you do not have access to this information, please provide the contact information for your Property Manager and we will be happy to contact him/her on your behalf.

Property Manager Contact Information: (if applicable)

Name: _____

Phone: _____

Email: _____

BUILDING CONSTRUCTION:

<input type="checkbox"/> Frame (wood)	# of Stories: _____	Total Square Ft: _____
<input type="checkbox"/> Joisted Masonry	Square Foot Occupied By Your Business: _____	
<input type="checkbox"/> Non-Combustible	Square Foot Rented/Leased to Others: _____	
<input type="checkbox"/> Masonry Non-Combustible	Do You Own the Building: __Yes __No	
<input type="checkbox"/> Fire Resistive	If you do own the building, what amount of coverage are you requesting?	
<input type="checkbox"/> Other: _____	\$ _____	

Building Year Built: _____ Type of Roof: _____ Age of Roof: _____

If building is over 20 years old, indicate the year of the renovation/replacement of:

_____Wiring _____Roofing _____Plumbing _____Heating/AC

Sprinkler System: __No __Yes If yes, is it: __Wet (water) __Dry

Fire Alarm: __Local __Central Station __None

Burglar Alarm: __Local __Central Station __None

If your lease requires Additional Insured for your Property Manager and/or the Property Owner, please provide the name and mailing address as it should appear on the Certificate of Insurance:

COVERAGES

Requested Business Personal Property Limit: \$ _____

NOTE: When calculating this limit, please consider all personal property (contents) at your premises (i.e. furniture, fixtures, equipment, improvements & betterments, stock, etc.)

Property Deductible: ___\$500 ___\$1,000 ___\$2,500 ___\$5,000

Business Liability Limit: ___\$1,000,000 / \$2,000,000 ___\$2,000,000 / \$4,000,000

Employee Dishonesty: ___\$10,000 ___\$15,000 ___\$25,000

Valuable Papers: ___\$25,000 ___\$50,000 ___\$100,00

Accounts Receivable: ___\$25,000 ___\$50,000 ___\$100,00

Property Additional Interest/Loss Payee (name, address, equipment type, loan/lease #):

What additional coverages do you currently have and/or are wanting to add? (Ex: business auto, equipment floater, workers comp, etc.)

Commercial Insurance History (please provide past three years insurance information):

MONTH / YEAR	PREMIUM	CARRIER NAME

LOSS INFORMATION:

Have you had any Property/General Liability claims within the last three years? _____No___Yes

If yes, please provide number of claims, detailed descriptions and total amount paid, along with loss runs for the past three years (may be obtained by contacting your current insurance agent)

Signature

Date