



Phone: 866-386-4136  
Fax: 601-898-4793  
Email: cs@continentalbrokers.biz

## Insurance Survey

**Legal Name of Individuals or Entity:** \_\_\_\_\_  
**Location Address:** \_\_\_\_\_  
\_\_\_\_\_  
County \_\_\_\_\_  
\_\_\_\_\_  
**Mailing Address (if different):** \_\_\_\_\_  
\_\_\_\_\_  
**Name of Contact Person** \_\_\_\_\_  
**Telephone #** \_\_\_\_\_  
**Fax #** \_\_\_\_\_  
**Email** \_\_\_\_\_  
**Cell phone** \_\_\_\_\_  
**Web page** \_\_\_\_\_

**Date when you need coverage to Begin:** \_\_\_\_\_

\*We suggest that the effective date of your insurance be no later than the date upon which you take possession of the premises.

**Federal Tax ID #:** \_\_\_\_\_

**Applicant is:**

- Individual**  
 **Corporation**  
 **Limited Liability Corp**  
 **Other (please specify)** \_\_\_\_\_

Do you own the Building you'll be occupying?  Yes  No

If yes, what is the replacement cost value of the Building? \_\_\_\_\_

Property deductible amount requested?  \$250  \$500  \$1,000  \$2,500  \$5,000  \$10,000  \$25,000

Do you currently have an umbrella policy?  Yes  No ; If yes, the amount you wish quoted (circle): \$1M \$2M \$3M \$4M \$5M

### PROPERTY & CRIME COVERAGE:

Would you like business income coverage 12 month sustained loss:  Yes  No

Would you business income – dependent property coverage?  Yes  No

Do you want employee dishonesty/forgery?  Yes  No ; If yes what amount? \_\_\_\_\_

Do you need coverage for your sign?  Yes  No If yes the amount: \_\_\_\_\_

Do you need coverage for signs off premise?  Yes  No If yes the amount \_\_\_\_\_

Do you need coverage for Cell phones, pagers?  Yes  No If yes the amount \_\_\_\_\_

Do you need coverage for Cameras, Projectors or film related accessories?  Yes  No If yes the amount: \_\_\_\_\_

Limit of Business Personal Property coverage desired: \_\_\_\_\_

\*this limit is to include any improvements or betterments to your leased space, as well as any equipment, furniture, supplies or products.

Is there a Bank or any other Financial Institution that you're using to finance your business that needs to be added as a Lienholder to your policy?  YES  NO

If Yes, give name and address: \_\_\_\_\_

Building Construction Type?  Frame/ Wood  Brick with Wood Frame Construction

Brick with Steel Frame  Tilt up Concrete Wall/Steel Frame  Other: \_\_\_\_\_

Total Square Ft. \_\_\_\_\_ Year Built \_\_\_\_\_ Year of the last update: \_\_\_\_\_ electrical \_\_\_\_\_ roof

Number of stories: \_\_\_\_\_ Fire Alarm:  YES  NO Fire Extinguishers:  YES  NO

Burglar Alarm:  YES  NO If yes, is it just a local alarm or is it connected to a Central Station? \_\_\_\_\_

Is the building sprinklered?  YES  NO Would you like an inflation guard?  YES  NO; If so, what percent \_\_\_\_\_ (1-5%)

Would you like flood insurance quoted?  YES  NO

Do you lease or sub-lease any space?  YES  NO If yes, what is the square footage \_\_\_\_\_ and to whom \_\_\_\_\_ and for how much do you lease it annually \_\_\_\_\_.

Additional Insureds (for Liability Purposes) include:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) (OTHER) \_\_\_\_\_

Do you have any insurance policies for your business already in place?  YES  NO

If yes, Please list all policies in place for your business the last three years:

Carrier: _____	Policy Number: _____	Effective Dates: _____	Premium : _____
Carrier: _____	Policy Number: _____	Effective Dates: _____	Premium : _____
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Carrier: _____	Policy Number: _____	Effective Dates: _____	Premium : _____

**LIABILITY:**

Amount of Coverage Desired:  \$1,000,000/\$2,000,000 **OR**  \$2,000,000/\$4,000,000

Total Number of Full Time Employees: \_\_\_\_\_ Total Number of Part Time Employees: \_\_\_\_\_

**Number of Persons you have employed:** \_\_\_\_\_

**Total Estimated Annual Payroll (including all Owners & Executive Officers) \$** \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

**Names and titles of all Owners & Executive Officers** \_\_\_\_\_

(use separate sheet if Necessary) Have you ever had an insurance loss?

No losses have occurred.  Yes If losses have occurred the number of losses, date and

Amount: \_\_\_\_\_

How many years have you been in business: \_\_\_\_\_; Number of years of Management Experience: \_\_\_\_\_

What is your annual revenue? \_\_\_\_\_

Would you like Employment Practices Liability?  YES  NO What amount? \_\_\_\_\_

Do you want hired and non-owned auto coverage?  YES  NO Do you need a commercial auto quote?  YES  NO

**GENERAL:**

Are there any exposures, within 75 feet of your business, which include manufacturing chemicals, plastics, oil, gas, wood products, or a lumberyard?

YES  NO If yes, they are: \_\_\_\_\_

Have you had any policy or coverage declined, cancelled or non-renewed during the past three years?  YES  NO

Does the Named Insured above own any subsidiary or operate any other business or building not covered by this policy?  YES  NO If yes,

please explain: \_\_\_\_\_

Are all subcontractors required to provide certificates of insurance with limits greater than or equal to your's or the amount you are requesting?

YES  NO

Is there a railroad within 150 feet of you property?  YES  NO

Would you like to receive an application so that we may assist you with quoting other coverages, such as:

<b>Hired &amp; non-owned</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Commercial Auto</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Personal Auto</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Homeowners</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Flood</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Health Benefits</b> <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Life Insurance</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Disability</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>Workers Compensation</b> <input type="checkbox"/> YES <input type="checkbox"/> NO

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please fax this completed form to (601) 510-9119

Or you can e-mail the completed form to [cs@continentalbrokers.biz](mailto:cs@continentalbrokers.biz)

For questions please call Collier Simpson at (866) 386-4136 x 2419

**Note: Completion and submission of this form does not initiate coverage.**