



Insurance Brokers

Commercial Insurance Questionnaire

Please fill in the form below and press the “Submit” button to send in your request. If you have any questions, please call (215) 487-3600.

Corporate Name:

Principle Owners:

Name:

Address:

Business Description:

Federal I.D.#

Phone Number:

Doing Business as (T/A):

Premises Location (Including City, Country, State):

How did you hear about us?

Building Construction:

Square Foot Area Of The Building:

Building Sprinklered? YES NO **Number Of Floors:**

Central Station Alarm? YES NO

Description:

Area Occupied By You:

Other Occupancy In The Building:

Building Age:

If More Than 25 Years Old, Date Remodeled, Electric, Plumbing And Heating:

Contents Coverage

Contents Limit Including Improvements And Betterments:

Computer Value:

... continued on the next page

Building Coverage

Building Value (If Required):

Signs Value (If Required):

Glass Measurement — Linear Feet:

Square Foot Dimension:

Liability Coverage

Liability Limit Requirement:

Estimated Gross Receipts:

Number Of Full-Time Employees:

Number Of Part-Time Employees:

Estimated Annual Payroll:

Automobile Coverage

Liability Limit Required:

Comp/Collision Deducted:

Number Of Vehicles:

NOTE: Driver information will be required.

Umbrella Coverage

Liability Required:

Questions/Comments:

**The sole purpose of this form is for quoting only.
No coverage is considered bound as a result of submitting this form.**