

Small Business Simple Worksheet

Basic Information

Company: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

FEIN: _____ # Employees - Part Time: _____ Full Time: _____ SIC Code(s): _____

Business Description: _____

Previous Insurance / Carriers

Are you currently insured? Yes No

2011 Name: _____ Policy #: _____ Eff-Exp Date: _____

2010 Name: _____ Policy #: _____ Eff-Exp Date: _____

2009 Name: _____ Policy #: _____ Eff-Exp Date: _____

Any losses in the past 5 years? No Yes

Business Details

Year Business Started: _____ License # (if applicable): _____

Clerical Payroll: \$ _____ Non-Clerical Payroll: \$ _____

Gross Sales: \$ _____ Sublet/Subcontract: \$ _____

Building Details

Year of Construction: _____ Structure Type: _____

Square Footage of - Entire Building: _____ Your Office/Occupancy: _____

Stories of Entire Building: _____ What story/stories do you occupy: _____

Check if YES: Automatic Sprinklers Fire Alarm Burglar Alarm Basement

Coverages Limits

General Liability

Building* Protects the actual building which is either owned by you or required in your lease

Business Personal Property* Covers your equipment, tools, office contents, stock & inventory, etc that remains inside this particular location / building.

Other -Write your other request insurance needs here

Explanation of coverages is for illustration purposes only. For specifics, please refer to the actual policy specimen, available upon request, and/or call your agent.

*Please make sure to indicate your desired limits.

If no coverage is desired, write NONE in this column.