

## 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.