

Jamieson Insurance & Financial Services

Business Commercial Insurance Form

Property/Casualty Questionnaire

Please fill out as much information as possible and fax to 1-847-838-3796.

Name of Business _____

Mailing address _____ City _____ State _____ Zip _____

Location covered _____

Contact _____ Phone# _____ Fax# _____

Type of business _____ Year started _____

Legal entity: Sole Proprietor Corporation "S" Corp Partnership LLC Non-profit
 Other _____

Current Insurance Co. _____ Exp. Date _____

Insurance required: Property Liability WC Auto UMB _____ _____ _____

Losses (Past years): _____

Own building? _____ No. of stores _____ Alarms: None _____ Central _____ Local _____

Bldg. construction: Frame Masonry (ord joist) Masonry (non-comb) Other _____

Yr. Built _____ Basement _____ Square ft. area: Total _____ Occupied by Insured _____

Bldg. updates: Electrical _____ Heating _____ Roof _____ Plumbing _____ Other _____

Sprinklers _____ Ansul system (restaurant) _____ Other protection _____

Exposures: Right _____ Left _____ Rear _____

Annual sales receipts _____ Payroll _____ No. of employees _____

Property Limits/Coins: Bldg _____ Contents _____

Business income _____ Property of others _____

IM _____ Sign(s) _____ Glass _____ Other _____

General liability limits: _____

Automobile limits: Liability _____ Med pay _____ UM/UIM _____

Comp. Coll (DED) _____ Non-owned/hired _____ Other _____

Workers compensation: FEIN # _____ Codes/payrolls _____

EL Limits _____

Remarks/notes _____
