



# BENCHARSKI INSURANCE SERVICES LTD.

Insurance Brokers

## Commercial Business Questionnaire

### **General Information**

Name of insured: \_\_\_\_\_ # of yrs in business: \_\_\_\_\_

Name of principles: \_\_\_\_\_ # of yrs experience: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insured location: \_\_\_\_\_ Fax #: \_\_\_\_\_

Loss payables name and address: \_\_\_\_\_

### **Building Construction and Protection Details**

Construction material: \_\_\_\_\_ Year built: \_\_\_\_\_

Sq. Feet of building: \_\_\_\_\_ # of stories: \_\_\_\_\_

Sq. Feet occupied by insured: \_\_\_\_\_ Roof construction: \_\_\_\_\_

Heating type: \_\_\_\_\_ Electrical (Panel/Fuses): \_\_\_\_\_

Does the applicant own the building: \_\_\_\_\_ % of building unoccupied: \_\_\_\_\_

Updates: Roof: \_\_\_\_\_ Plumbing: \_\_\_\_\_ Heat: \_\_\_\_\_ Electrical: \_\_\_\_\_

Hydrant/Fire hall Protection: \_\_\_\_\_ Sprinklered: \_\_\_\_\_ Fire Alarm: \_\_\_\_\_

Monitored Alarm: \_\_\_\_\_ Burglar: \_\_\_\_\_ Fire: \_\_\_\_\_ Bars: \_\_\_\_\_

Occupancy (by insured): \_\_\_\_\_ By others: \_\_\_\_\_

Hours of operation: \_\_\_\_\_



Your Insurance Broker  
Understands

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### Operations:

Please provide a complete and detailed description of operations:

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Any manufacturing or woodworking: \_\_\_\_\_

Insured's web site: \_\_\_\_\_

Are your product/services purchased on your website: \_\_\_\_\_

Gross revenue by type of operations: \_\_\_\_\_

Category: \_\_\_\_\_ Gross revenue: \_\_\_\_\_

Category: \_\_\_\_\_ Gross revenue: \_\_\_\_\_

Category: \_\_\_\_\_ Gross revenue: \_\_\_\_\_

Payroll: \_\_\_\_\_

Is pollution coverage in place: \_\_\_\_\_ Are all employees covered by WCB: \_\_\_\_\_

Professional association: \_\_\_\_\_ Carry professional liability: \_\_\_\_\_

Does insured sublet work: \_\_\_\_\_ Do subs carry own liability: \_\_\_\_\_



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## **Insurance/Claims History:**

Prior insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Number of years with continuous commercial insurance: \_\_\_\_\_

Have you had any claims in the past five years: \_\_\_\_\_

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has insurance ever been cancelled or declined: \_\_\_\_\_

## **Crime:**

Do you have a safe: \_\_\_\_\_ Size and type: \_\_\_\_\_ Built in: \_\_\_\_\_

# of employees handling money: \_\_\_\_\_ Are cheques countersigned: \_\_\_\_\_

Do doors and windows have adequate locks: \_\_\_\_\_

# and frequency of deposits: \_\_\_\_\_ Alternate routes: \_\_\_\_\_

Max amount of cash on premises: \_\_\_\_\_ Amount left overnight: \_\_\_\_\_

## **Coverage Required (Please indicate dollar values):**

### ***Property:***

Building: \_\_\_\_\_ Equipment: \_\_\_\_\_

Stock: \_\_\_\_\_ Office equipment: \_\_\_\_\_

Transit coverage: \_\_\_\_\_ Tool floater: \_\_\_\_\_

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[www.bencharskiinsurance.com](http://www.bencharskiinsurance.com)



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Exterior glass (linear feet): \_\_\_\_\_ Exterior sign: \_\_\_\_\_

Installation floater: \_\_\_\_\_ Accounts receivable: \_\_\_\_\_

Sewer back up: \_\_\_\_\_ Flood: \_\_\_\_\_ Earthquake: \_\_\_\_\_

Business interruption (profits, extra expense, gross earnings): \_\_\_\_\_

Rent or rental value: \_\_\_\_\_

**Crime:**

Inside/outside robbery and holdup: \_\_\_\_\_

Employee dishonesty: \_\_\_\_\_ Forgery/counterfeit currency: \_\_\_\_\_

**Liability:**

Commercial general liability: \_\_\_\_\_ Personal injury: \_\_\_\_\_

Tenant's legal liability: \_\_\_\_\_ Non-owned automobile: \_\_\_\_\_

Advertising liability: \_\_\_\_\_ Employers liability: \_\_\_\_\_

Umbrella liability: \_\_\_\_\_

**Please provide any additional information that may affect this policy.**  
**Please attach any printed material about your company or your products:**

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