



www.ventureins.com
CA Lic: 0C17916
FL Lic: L095434
AZ Lic: 176225
866-726-8442

BUSINESS OWNER'S POLICY QUESTIONNAIRE

Broker: Venture Insurance Services - fax: 866-726-8443

Applicant Name: _____

Applicant DBA: _____

(In this questionnaire the Applicant is referred to as "you")

- Physical Address: _____
- Mailing Address: _____
- Business Phone: _____ Business Fax: _____
- Email Address: _____ Web Site: _____
- Year Business Started: _____ Years of Experience: _____
- Organization Type:
Individual: _____ Partnership: _____ Corporation: _____ Other: _____
- Contact: _____ Phone: _____ Fax: _____
- Federal Tax ID number _____

Requested Effective Date or Current Expiration Date: _____

1. Describe your business operations:

2. How many owners, partners and/or corporate officers are there? Owners: _____
Partners: _____ Corporate Officers: _____

3. How many employees are there? Full-Time: _____ Part-Time: _____

4. What is the total annual payroll amount for the following?
Owners, Partners or Corporate Officers: \$ _____
Full-Time (not including owners, partners or corporate officers): \$ _____
Part-Time (not including owners, partners or corporate officers): \$ _____
5. What is the total annual gross revenue or sales? \$ _____
6. On average, how many hours per day does your business operate? _____
Days per week? _____
7. Do you have ownership interest in any other business? Yes ___ No ___
8. Do you lease employees to or from other employers? Yes ___ No ___
9. Have any of your business insurance policies been declined, non-renewed or cancelled in the last three (3) years? Yes ___ No ___

Building & Property Information

1. What is the total square footage of the building you occupy? _____
2. What is the total square footage of your business only? _____
3. Do you lease or own the building your business is located in? _____
4. Value of building, if owned? _____
5. Value of Business Personal Property? _____
6. Value of computer equipment & software? _____
7. How frequently do you deposit cash to the bank? _____
8. What is the maximum amount of money kept at your location overnight? _____
9. How many units does the building have? _____
10. How many stories is the building? _____
11. If two or more stories, what is the ground floor square footage? _____
12. What is the construction type? _____

13. What type of roof covering? _____
When was the roof last replaced? _____
14. If the building is over 20 years old indicate provide the following:
What year was the plumbing last updated? _____
What year the electrical last updated? _____
What year was the heating/AC last updated? _____
What type of heating does the building have? _____
15. What is the distance of the nearest fire hydrant? Ft. _____
16. What is the distance of the nearest fire department in miles? _____
17. What year was the building built? _____
18. Does the building have working fire sprinklers? Yes ___ No ___
19. Is there a fire alarm? Yes ___ No ___
20. Is there are burglar alarm? Yes ___ No ___

Coverage Information

1. List Prior Insurance Carriers (if no coverage enter NONE):

	Policy Year	Insurance Carrier	Policy Number
Current Year			
First Prior Year			
Second Prior Year			
Third Prior Year			

2. Was any policy canceled or non-renewed in the past 3 years? Yes ___ No ___
3. Describe and property or general liability losses or claims in the last 5 years with amount paid for each loss or claim?
4. Is or are there presently any "open" claim(s) being handled by any prior carrier, regardless of age of claim? Yes ___ No ___

5. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against you? Yes ___ No ___
6. Have you filed for bankruptcy in the past 5 years? Yes ___ No ___

APPLICANT'S STATEMENT

1. I hereby attest that the information contained herein is true and accurate to the best of my knowledge, information and belief.

Signature and Date