

COMMERCIAL RISK QUESTIONNAIRE

CLIENT CONTACT INFORMATION

1. OWNER NAME: _____ NAME _____
OWNER STREET ADDRESS: _____ PHONE _____
2. PROPERTY NAME: _____ FAX _____
PROPERTY ADDRESS: _____ EMAIL _____
CITY/STATE: _____ ZIP: _____ COUNTY/PARISH: _____

3. **DESCRIPTION OF OPERATIONS** (PROVIDE WEBSITE, BROCHURES, RESUME, ETC.)

4. **PROPERTY**

CURRENT CARRIER: _____ EXPIRATION DATE OF CURRENT POLICY: _____

COVERAGE LIMITS: Bldg: _____ Conts: _____ Rents: _____

GROSS SQUARE FOOTAGE: _____

YEAR BUILT: _____ IF OVER 10 YEARS, NEED YEAR OF UPDATES:

Roof _____ Plumbing _____ Electrical _____ HVAC _____ OTHER: _____

OF STORIES _____ IF OVER THREE (3) STORIES, ARE INTERIOR STAIRWAYS ENCLOSED AND
EQUIPPED WITH SELF-CLOSING FIRE DOORS ON EACH FLOOR? _____

CARPORTS: _____ PARKING GARAGE: _____

%OCCUPIED _____ IF LESS THAN 90%, EXPLAIN:

DESCRIPTION OF TENANT/OCCUPANCY: 1. _____ 3. _____
(USE SEPARATE PAGE FOR ADDITIONAL OCCUPANCIES) 2. _____ 4. _____
5. _____ 6. _____

RESIDENTIAL EXPOSURE? _____ OCCUPANCY? _____ % OCCUPIED _____

EXTERIOR CONSTRUCTION (more than 50%) _____ ROOF CONSTRUCTION: _____

IS PROERTY UNDER CONSTRUCTION? _____ GRAFFITI PRESENT? _____ TYPE SHINGLES: _____

IS THERE ANY EIFS OR DRYVIT EXTERIOR CONSTRUCTION PRESENT? _____

EMERGENCY LIGHTING AND ILLUMNATED EXIT SIGNS IN INTERIOR HALLS? _____

BARs ON WINDOWS? _____ IF YES, IS PANIC RELEASE HARDWARE PRESENT ON ALL BEDROOM WINDOWS? _____

CONDITION OF PARKING LOT(s) AND WALKWAYS _____

TYPE WIRING: COPPER _____ ALUMINUM PIG-TAILED _____ ALUMINUM _____
IF ALUMINUM, ARE ALL RECEPTACLES AND SWITCHES FIXED USING THE COPALUM CRIMP METHOD? _____

CIRCUIT BREAKERS? _____ FUSES PRESENT? _____

MONITORED ALARM: _____ Burglar _____ Fire _____

NAME OF MONITORING COMPANY - _____

SMOKE DETECTORS: _____ Battery _____ Hardwired _____

COMMON INTERIOR HALLWAYS & STAIRWAYS? _____ OTHER? _____

FIRE EXTINGUISHERS? _____ IN EACH UNIT? _____ IN HALLWAYS? _____

IS ENTIRE PROPERTY FENCED? _____ AUTOMATIC GATE ACCESS? _____

ANY CONSTRUCTION, RENOVATION OR IMPROVEMENTS PLANNED IN THE NEXT 12 MONTHS? _____

DESCRIBE: _____

NAME & ADDRESS OF LENDER _____

5. **GENERAL LIABILITY**

COVERAGE LIMITS: PER OCCURRENCE: _____ AGGREGATE: _____

YEARS IN BUSINESS: _____

ANNUAL PAYROLL (EXCLUDING OFFICERS/OWNERS): _____ # OF EMPLOYEES: _____

GROSS ANNUAL SALES/RECEIPTS: _____ # OF OWNERS/OFFICERS _____

DO YOU USE INDEPENDENT OR SUBCONTRACTORS? _____ IF SO, PROVIDE ANNUAL COST: _____

6. **LOSS INFORMATION**

PROVIDE SUMMARY OF LOSSES IN THE LAST THREE (3) YEARS (Date of Loss, Description of Loss, Amount Paid)
