

**Spearhead Insurance Group - GENERAL BUSINESS QUESTIONAIRE**

**Please fill out each section, if requesting coverage.**

**General Business Information:**

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| **Named Insured:** |
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| **Type of Entity: (circle one) -Corp -Ind -LLC -Partnership** **-Joint Venture -Not for Profit** |

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| **Federal Tax ID:** |

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| **Mailing Address:** |
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| --- |
| **Physical Location:** |
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| --- |
| **Business Contact Name:** |
| **Phone:** |
| **Fax:** |
| **Email:** |
| **Website:** |

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| --- |
| **Description of Operations:** |

 **Yes No**

|  |  |  |
| --- | --- | --- |
| **Any Subsidiaries:** |  |  |
| **Is Formal Safety Program in Operation?****If so, please describe:** |  |  |
| **Any policy declined, cancelled, or non-renewed in the last 3 years?****If so, please describe:** |  |  |
| **Any past losses related to sexual abuse or molestation allegations?** |  |  |
| **During the last 5 years has any applicant been indicted or convicted of any degree of fraud, bribery, or arson in connection with this or any other property?** |  |  |
| **Prior Coverage the last 3 years? (please list)** |  |  |
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| **Losses for the last 3 years?** |  |  |

**If Requesting Commercial Property Coverage (please complete): N/A**

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| **Location:** |
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| --- | --- |
| **Building limit:** |  |
| **Contents:** |  |
| **Business Income Extra Expense** |  |

|  |  |
| --- | --- |
| **Construction:** |  |
| **Year Built:** |  |
| **Square Footage:** |  |
| **# of stories:** |  |
| **Improvements – Type and Year:** |  |
| **Plumbing:** |  |
| **Electrical:** |  |
| **Heating:** |  |
| **Roof:** |  |

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| **Mortgagee or Loss Payee?** |

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| --- |
| **Alarm?** |

**If requesting General Liability coverage (please complete): N/A**

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| **Gross Sales:** |

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| **Payroll by Exposure:** |

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| **Subcontractor cost:** |

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| **Do you provide employee benefits?** |

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| **Additional Insureds/Waiver of Sub needed?****How many?****To whom?** |

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| **Limits of Liability requested:** |

**If requesting Commercial Auto coverage (please complete): N/A**

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| --- |
| **Limits: $500,000 $1,000,000** |

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| --- |
| **PIP $2,500 $5,000 $10,000** |
| **UM/UIM/UMPD** |
| **Specified cause of loss:** |

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| --- |
| **Comp Deductible: $500 $1,000****Collision Deductible: $500 $1,000** |

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| --- | --- | --- | --- | --- |
| **Vehicles:** |  |  |  |  |
| **Year:** | **Make:** | **Model:** | **Cost New:** | **VIN:** |
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**Drivers:**

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| --- | --- | --- | --- | --- |
| **Name:** | **DOB:** | **License#:** |  |  |
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| **Loss Payee/Additional Insured:** |

**If requesting Workers Compensation coverage (please complete): N/A**

**Executive Officers:**

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| --- | --- | --- | --- |
| **Name** | **Title** | **Ownership%** | **Incl/Excl** |
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| **Description of Duties:** |
| **# of Employees:** |
| **Estimated Payroll:**  |
| **Officers:** |  |
| **Clerical:** |  |
| **Others:** |  |
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**If requesting Commercial Umbrella coverage (please complete): N/A**

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| **Limits of Liability requested:**  |