		ABCO Insurance Agency, Inc Questionnaire		
(	Insurance Agency <sup>«</sup>			
Bu	Business Segment			
	□ Apartment	□'Condominium Residential		
		☐ Restaurant ☐ Condominium Commercial		
	☐ Building □ Office			
		□ Technology Office		
1.	Named Insured			
2.	Phone Number			
3.	Mailing address			
4.	Location address (if different)			
5.	State	Zip Code		
6.	Effective Date			
7.	Legal Entity: Corporation	-		
8.	Year Business Established			
9.	If less than three years in business, does the current ownership have three years of management experience in a related field? Yes □ No □ Or are they a franchised operation? Yes □ No □			
10.	Has Insurance coverage been cancelled, declined or non-renewed in the last three years? Yes I No I			
11.		n the last three years? Yes $\Box$ No $\Box$		
12.	How many locations are on the policy			
13.	What is the total TIV (Building, if any, + BPP, if any) for all locations?			
	What is the highest TIV at any single building?			
14.	What are the total annual receipts?			
15.	5. Are you quoting an Automobile policy for this account? Yes $\Box$ No $\Box$			
	If so, how many vehicles will be covered?			
16.	Are you quoting a Workers Compensation policy for this account? Yes $\Box$ No $\Box$			
17	If yes, what is the total annual payroll?			
17. 19				
18. 19.	Any Additional Insureds? If so, how many? Multi Occupancy Building? Yes □ No □''			
10.				

	ABCO Insurance Agency, Inc Questionnaire
	BCO surance Agency*
20.	Total Square Footage
	Incidental Apartment Square Footage (if any)
	LRO Square Footage (if any)
	Square Footage Insured Occupies (if any)
21.	Building Limit (if any)
22.	Construction Type: Frame  Joint Masonry  Light Non Combustible  Heavy Non Combustible
23.	Year building constructed
	If over 30 years old, does the building have aluminum wiring? Yes $\Box$ No $\Box$ Does the building have circuit breakers? Yes $\Box$ No $\Box$
	Year roof was updated/replaced?
24.	Number of Stories
25.	BPP Limit (include computer limits)
26.	EDP Values \$50,000 or less Yes $\Box$ No $\Box$
27.	If EDP Values are more than \$50,000 indicate total Total Payroll
28.	Total # of Employees: Full Time Part Time

# FOR PAC SPECIFIC ADDITIONAL QUESTIONS, SEE PAGES 3 AND 4



# PAC SPECIFIC ADDITIONAL QUESTIONS

ABCO Insurance Agency, Inc Questionnaire

#### Apartments/Condominiums

- 1. Swimming Pool Yes D No D
- 2. Playground Equipment Yes D No D
- 3. # of Units per fire rating division \_\_\_\_\_
- 4. # of Buildings
- 5. Blanket property limits? Yes D No D

#### **Buildings**

- 1.
   Type of Occupancy: Office I Mercantile Religious Use Gas Stations Apartment Mercantile Shopping Center Manufacturing/Processing/Contracting I
- 2. If shopping center, parking lot square footage\_\_\_\_\_

#### **Contractors**

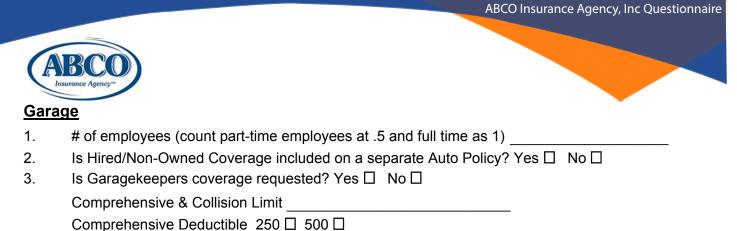
- 2. Is Contractors Equipment required for large mobile equipment? If yes, Description and amount of each item

## **Restaurants**

- 1. Do they have any of the following operations: Fine Dining □ Banquet Facilities □ Greater than 25% Catering □
- Is Liquor Liability coverage requested? Yes □ No □ If so, annual receipts? \_\_\_\_\_\_
  Any liquor liability claims? Yes □ No □
  Are servers trained in an intervention program such as tips? Yes □ No □
  Does bar service continue after meal service has stopped? Yes □ No □
- 3. Amount of Spoilage coverage (\$5,000 limit is defaulted)
- 4. If a tenant, what is the restaurant equipment limit (permanently installed kitchen machinery and equipment, such as dishwashing, ventilating, cooking)?

## <u>Store</u>

- 1. Are vending machine operations your primary business Yes  $\Box$  No  $\Box$
- 2. Are online sales more than 50% of your annual revenue Yes  $\Box$  No  $\Box$
- 3. Does the store have any of the following exposures? Car Wash □ Gas Pumps □ Playground Equipment □



Collision Deductible (\$500 only option)

Liability Option: Direct Primary D Legal Liability D

- 4. Tire sales must be less than 25% of total revenue Yes I No I
- 5. Is there an <u>off</u> premises portable tools exposure? If yes, what is the limit? (Schedule of each item valued in excess of \$500 required)
- 6. Does the garage have any of the following exposures? Car Wash Gas Pumps Propane Filling