

Business Questionnaire fax back to:
Western Benefit Solutions Inc. Fax 408.521.3348

Business _____ Phone _____
 Contact Person _____ Fax _____
 Tax Identification Number _____
 Address & # of Locations _____

Years in Business _____ Previous Insurance _____
 Years of Experience in field _____ Contractor Lic. # _____ # of Owners/Partners _____

LIMITS OF LIABILITY REQUESTED		PREMIUMS
General Aggregate	\$	Premises/Operations
Products & Completed Operations Aggregate	\$	\$
Personal & Advertising Injury	\$	Products/Completed
Each Occurrence	\$	\$
Fire Damage (any one fire)	\$	Other
Medical Expense (any one person)	\$	\$
Other Coverages, Restrictions, and/or Endorsements		Total
	Deductible \$	\$

General Liability

of employees _____ Projected Sales _____ Payroll (excluding clerical & owners) _____
 Liability Limits 300/500 500/1,000,000 1,000,000/2,000,000 _____
(for separate job classifications, please use Workers Comp space ex: Carpet Cleaning, Janitorial, Clerical etc)

Do you want any additional Insured _____
 Name and Address of additional Insured _____

Building/Contents:

Building _____ Contents _____ Loss of Income _____
 Year built _____ Square Footage _____ Alarm _____ Sprinklers _____
 Own or Lease _____ Construction Type _____
 Year of last electrical update _____ Year of last plumbing update _____ Year of last roof update _____
 Number of levels in the building _____

Workers Comp

Classes (warehouse, clerical, sales, painting, etc.)

Class

Payroll

Please provide loss runs (or we can order it), copy of policy, and any info regarding experience mod. (IF CLIENT IS ON MONTHLY REPORTING FORM, GET COPY OF LAST MONTH'S FORM).

Vehicles	Liability:	Medical:	Um:	Comp:	Coll:
Year	Make	Model	Vin#		Notes:

Description of Business (necessary for classification of business): _____

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GENERAL INFORMATION (Explain all "yes" responses.)

	Yes	No		Yes	No
1. Exposure to flammables, explosives, chemicals?	θ	θ	11. Any parking facilities owned/rented?	θ	θ
2. Exposure to asbestos?	θ	θ	12. Fee charged for parking?	θ	θ
3. Exposure to radioactive materials?	θ	θ	13. Does applicant have Workers' Compensation coverage in force?	θ	θ
4. Do operations involve storing, treating, discharging, applying, disposing or transporting of hazardous material (e.g., landfills, wastes, fuel tanks, etc.)?	θ	θ	14. Does insured subcontract work?	θ	θ
5. Sporting/social events sponsored?	θ	θ	15. Certificates of insurance required from all subcontractors?	θ	θ
6. Any watercraft, docks, floats owned, hired, or leased?	θ	θ	16. Does the applicant lease employees?	θ	θ
7. Any operations sold, acquired, or discontinued in last five years?	θ	θ	17. Any demolition exposure contemplated?	θ	θ
8. Is applicant a subsidiary of another entity or does applicant have any subsidiaries?	θ	θ	18. Any structural alterations contemplated?	θ	θ
9. Machinery/equipment loaned/rented to others?	θ	θ	19. Recreational facilities provided?	θ	θ
10. Swimming pool on premises?	θ	θ	20. Any policy or coverage declined, cancelled or nonrenewed during last three years? (not applicable in Missouri)	θ	θ
			If yes, please explain _____		

PRIOR CARRIER INFORMATION

	Year:	Year:	Year:	Year:	Year:
Carrier					
Policy No.					
Total Premium					

LOSS HISTORY—FIVE YEAR PERIOD

Date of Loss	Description of Loss	Amount Paid	Amount Reserved	Claim Status (Open or Closed)

LIABILITY COVERAGE DEFINED

GENERAL LIABILITY

This coverage protects your business from claims arising from alleged bodily injury, personal injury or property damage liability. It includes protection for services you render or products you sell. Coverage payments can include judgments, attorney fees, court costs, or other related expenses.

General Liability consists of the following coverages:

Advertising Injury Liability

This coverage is used to insure against claims of libel, slander, product disparagement, piracy, infringement of copyrights, etc., that arises out of the advertising of your goods, products or services.

Personal Injury Liability

This coverage is used to extend your General Liability policy to include protection against claims alleging false arrest, libel, slander, malicious prosecution, wrongful entry or wrongful eviction.

Products/Completed Operations

This coverage is used to insure against claims arising out of bodily injury and property damage that results from products you have sold, manufactured, handled, distributed or disposed of; or for work you have performed, provided the accident occurs away from premises you own or rent.

Fire Damage Limit Adequate

This coverage is used to insure against your legal liability that arises out of fire damage to structures rented to you or temporarily occupied by you with permission of the owner.

Medical Payments

This coverage will reimburse, without regard to your liability, all reasonable medical expenses incurred by persons as a result of bodily injury sustained by accident as defined in your policy.

*** Non-Owned Automobile Coverage**

(optional coverage under General Liability)

This coverage provides liability protection for autos used in your business that are not owned, leased, hired, rented or borrowed. This includes employee's and subcontractor's autos used on your behalf.