

## BUSINESSOWNERS QUESTIONNAIRE

Date: \_\_\_\_\_ Exdate: \_\_\_\_\_  
Business Name: \_\_\_\_\_ (Inc.) \_\_\_\_\_  
Insured's Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ County: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Years in Business: \_\_\_\_\_ Years of experience: \_\_\_\_\_

**CURRENT INSURANCE COMPANY:** \_\_\_\_\_  
Claims in the last three years?: \_\_\_\_\_ If yes explain: \_\_\_\_\_

### LIABILITY:

Liability limit: \$300,000 \_\_\_\_\_ \$500,000 \_\_\_\_\_ \$1,000,000 \_\_\_\_\_  
Deductible: \$250 \_\_\_\_\_ \$500 \_\_\_\_\_ \$1,000 \_\_\_\_\_ \$2,000 \_\_\_\_\_  
Gross Receipts: \_\_\_\_\_ Food \_\_\_\_\_ Liquor \_\_\_\_\_  
Building Coverage: \_\_\_\_\_ Contents Coverage: \_\_\_\_\_  
Building Construction: \_\_\_\_\_ Age: \_\_\_\_\_ Stories: \_\_\_\_\_  
Sprinklered?: \_\_\_\_\_ % \_\_\_\_\_ Alarm?: \_\_\_\_\_ Fire/Burglar Sq. Ft: \_\_\_\_\_  
Located in a Strip Mall?: \_\_\_\_\_ Other Occupancies?: \_\_\_\_\_  
Seating Capacity: \_\_\_\_\_ Delivery?: \_\_\_\_\_ Hours: \_\_\_\_\_  
Entertainment describe: \_\_\_\_\_  
**Non Owned & Hired Auto:** \_\_\_\_\_ **Liability Limit:** \_\_\_\_\_ **# of Vehicles:** \_\_\_\_\_  
Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_

### WORKERS COMPENSATION:

Annual Payroll: \_\_\_\_\_ Officers Payroll: \_\_\_\_\_  
Employees Full Time: \_\_\_\_\_ Part Time Employees: \_\_\_\_\_  
Number of Officers: \_\_\_\_\_ Officers Duties: \_\_\_\_\_

### OPTIONAL COVERAGES:

Sign Coverage: \_\_\_\_\_ Glass Coverage: \_\_\_\_\_ Linear Feet: \_\_\_\_\_  
Food Spoilage/Refrigeration Breakdown: \_\_\_\_\_ Ded: \_\_\_\_\_  
Umbrella: \_\_\_\_\_ Limit: \_\_\_\_\_ Liquor Liability?: \_\_\_\_\_  
Landlord as additional Insured?: \_\_\_\_\_  
HOW DID YOU HEAR ABOUT US? \_\_\_\_\_

## Terry Lamb

ISU SASCO Insurance Services, Inc.

313 High Street, PO Box 400, Hackettstown, NJ 07840

Phone (908) 852-3465 Fax (908) 847-0354 terry@sascoinsurance.com