

## COMMERCIAL RENEWAL QUESTIONNAIRE

INSURED NAME: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

POLICY #: \_\_\_\_\_ AGENT NAME: \_\_\_\_\_

POLICY PERIOD: \_\_\_\_\_

BUSINESS IS:  INDIVIDUAL  PARTNERSHIP  CORPORATION  OTHER

DESCRIPTION OF BUSINESS OPERATION: \_\_\_\_\_

ADDRESS OF BUSINESS LOCATION: \_\_\_\_\_

SQUARE FOOTAGE OF BUILDING OWNED OR OCCUPIED: \_\_\_\_\_

GROSS ANNUAL RECEIPTS OF BUSINESS FOR THIS PERIOD: \_\_\_\_\_

DO YOU HAVE ANY EMPLOYEES?  YES  NO IF YES, TOTAL #: \_\_\_\_\_

(NOTE: NEED # OF DAYS WORKED ANNUALLY FOR EACH EMPLOYEE) \_\_\_\_\_

TOTAL PAYROLL FOR POLICY PERIOD: \_\_\_\_\_

DO YOU HAVE WORK COMP INSURANCE?  YES  NO

ANY SUB-CONTRACTORS HIRED?  YES  NO

IF YES, ARE CERTIFICATES OF INSURANCE OBTAINED?  YES  NO

TOTAL ESTIMATED ANNUAL PAYMENTS TO SUBCONTRACTORS & % OF WORK SUB-  
CONTRACTED \_\_\_\_\_

HAVE YOU PURCHASED ANY NEW BUILDINGS, LOCATIONS, ETC?  YES  NO (If yes explain below)

ARE YOU RENTING OR OCCUPYING ANY NEW LOCATIONS?  YES  NO (If yes explain below)

HAVE YOU STARTED MANUFACTURING ANY NEW PRODUCT?  YES  NO (If yes explain below)

ARE YOU SELLING ANY NEW PRODUCTS?  YES  NO (If yes explain below)

ARE YOU PROVIDING ANY NEW SERVICES?  YES  NO (If yes explain below)

HAVE YOU MADE ANY OTHER CHANGES TO YOUR BUSINESS?  YES  NO (If yes explain below)

IS THERE ANY OTHER INSURANCE FOR THIS BUSINESS?  YES  NO (If yes explain below)

\*\*\* NOTE: ANY YES ANSWERS TO THE ABOVE SHOULD BE EXPLAINED \*\*\*

\_\_\_\_\_  
\_\_\_\_\_  
I VERIFY THAT THE ABOVE INFORMATION IS ACCURATE TO THE BEST OF THE KNOWLEDGE. I  
ALSO CERTIFY THAT THE INFORMATION REGARDING PAYROLL & GROSS RECEIPTS CAN BE  
VERIFIED BY PROPER DOCUMENTATION IF SO REQUESTED BY THE COMPANY.

\_\_\_\_\_  
INSURED SIGNATURE

DATE

AGENT SIGNATURE

DATE