

Renewal Commercial Questionnaire

Please take a few moments of your time and advise us of any changes in your business operation. Answer the following questions by either circling a choice or filling in the blank. Thank you for your time.

Tell us about your Company

Your Name _____ Any change in the name of business _____

Change in location or future mailing address _____ County _____

City/state _____ Zip code _____ Phone _____

Change in operation or type of contracting? _____
% residential _____ % commercial _____

Any sole roofing or siding jobs, if applicable? _____

Change in Legal Entity: Individual, Partnership, Corporation, Other _____

Tell Us about Current Your Location(s)

First Location

Addresses: _____ Sprinklers? Y N

Construction of Bldg. Masonry, Frame, Frame and Masonry, Masonry/NonCombustible

Are you an owner or tenant of building? _____ How many stories is the building? _____

Year of construction: _____ If older than 25 years, what year was the following updated:
Electric _____ Plumbing _____ Heating _____ Water heater _____ Roof _____

Total square footage _____ Square footage of your area _____

Building Insured Value: _____ If you looking to cover you property as well

Second Location

Addresses: _____ Sprinklers? Y N

Construction of Bldg. Masonry, Frame, Frame and Masonry, Masonry/NonCombustible

Are you an owner or tenant of building? _____ How many stories is the building? _____

Year of construction: _____ If older than 25 years, what year was the following updated:
Electric _____ Plumbing _____ Heating _____ Water heater _____ Roof _____

Total square footage _____ Square footage of your area _____

Building Insured Value: _____ (from your current policy)

Tell Us about Your "Stuff"

Building Contents (Business Personal Property Value if your looking to cover these)

Location Value: _____

Second Location Value: _____

Third Location Value: _____

Deductible (for Building and Contents values): _____

Value of Your Scheduled Equipment: _____ (usually the "big stuff" valued at \$1000 or more each)

Value of Unscheduled Equipment: _____ (everything else, hand tools, power equipment etc.)

Tell Us about Your Employees

How many employees? (including the boss) _____

Total payroll for field employees _____

Total Gross Sales _____

Total Subcontracted cost _____

If you looking for us to offer you a free quote on you Workers Compensation
Please complete this section below....

If more than one employee ...

From Your Current Workers Comp Policy

WC Codes	# Of Employees	Payroll	
<u>652</u>	<u>2</u>	<u>50,000</u>	<i>example</i>
_____	_____	_____	
_____	_____	_____	

Do you have an experience mod? This should be noted on you workers comp declaration page
If so what is it? _____

Keep in mind we offer extremely competitive Commercial Auto Rates!!!

Tell Us about Your Vehicles

What vehicles do you currently have? We will need Year, Make, Model, and GVW. You can list trailers here also. Thanks.

Yr	Make	Model	GVW	Comp Deductible	Collision Deductible
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Almost Done!

Tell Us about Your Current Insurance Situation

What carriers are you using for your other coverages not insured by us?

How many claims have you filed in the last three years? _____

Have you been declined, cancelled, or non-renewed in the last 3 years? _____

I do appreciate you taking the time to sit down and complete this form. Please fax it to 631-585-3171 or E-mail it to Info@titoloagency.com. As soon as we receive it we will review it, call with any questions and start working on the best coverage for the least money for you.

John Titolo

John M Titolo Insurance Agency

Phone 631-585-3599

Fax 631-585-3171

E-mail: Info@titoloagency.com