Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Contact Person

Coverages you want quoted

☐ Business Owners Policy (BOP) ☐ General Liability ☐ Commercial Property ☐ Commercial Auto ☐ Workers' Compensation
☐ Commercial Umbrella / Excess ☐ Professional Liability / E&O ☐ Inland Marine / Contractors Equipment ☐ Cyber Liability
☐ Surety & Bonds ☐ Church & Non-Profit

Your Name | **Your Title / Role** | **Preferred Office**

Email | **Phone** | **Cell / Other Phone**

Best Time to Reach You
Options: Morning · Midday · Afternoon · Any time

Contact for Inspections (if different)

About the Business

Legal Business Name | **DBA / Trade Name (if any)**

Type of Business Entity | **FEIN (optional)** | **Year Business Started**
Options: Sole proprietor / Individual · Partnership · LLC · Corporation · S Corporation · Non-profit / 501(c)(3) · Church / Religious organization · Joint venture · Trust / Estate · Other

Type of Business | **Owners' Years of Experience in This Industry** | **NAICS / SIC Code (if known)**
Options: Contractor / Trades · Retail / Store · Restaurant / Food service · Office / Professional services · Medical / Healthcare · Manufacturing · Wholesale / Distribution · Auto service / Repair / Dealer · Trucking / Transportation · Real estate / Landlord · Hotel / Hospitality · Church / Religious · Non-profit / Social services · Farm / Agriculture · Other

Business Phone | **Website**

Describe What Your Business Does

Addresses & Locations

Mailing Address

City | **State** | **ZIP**

Business locations

List every place you operate, store property, or have employees. Type "Same as mailing" if it is the same.

#	Street Address	City	State	ZIP	County	Own or Lease	What Is Done Here
1							
2							
3							
4							

Own or Lease: Own / Lease / Rent / Home-based

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Size of the Business

Estimated Annual Revenue (next 12 months)

Last Year's Revenue

Total Annual Payroll

Full-Time Employees

Part-Time Employees

Do you hire subcontractors or independent contractors? ☐ Yes ☐ No

Annual Cost of Subcontractors

Do You Collect Their Certificates of Insurance?

Options: Always · Sometimes · No

Is the business seasonal, or open only part of the year? ☐ Yes ☐ No — If yes, please explain

Current Insurance & Dates

Desired Effective Date

Current Policy Expiration

Current Insurance Company(s)

Current Total Annual Premium

Coverages You Have Now

Is this a new business, or has it gone without insurance? ☐ Yes ☐ No — If yes, please explain

Has any policy been cancelled, declined or non-renewed in the past 3 years? ☐ Yes ☐ No — If yes, please explain

Tip: attaching your current declarations pages at the end of this worksheet helps us compare coverages and get your quote back faster.

General Questions

Any bankruptcy, foreclosure, tax lien or judgment against the business or its owners in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Do the owners have other businesses, subsidiaries or related companies? ☐ Yes ☐ No — If yes, please explain

Does the business store, use or haul hazardous materials (chemicals, fuel, explosives)? ☐ Yes ☐ No — If yes, please explain

Any operations, sales or employees outside of North Carolina? ☐ Yes ☐ No — If yes, please explain

Do you have a written safety program or safety meetings? ☐ Yes ☐ No

Has any owner or officer been convicted of arson, fraud or another insurance-related crime? ☐ Yes ☐ No — If yes, please explain

Claims & Loss History (past 5 years)

Any claims or losses in the past 5 years, on any type of business insurance? ☐ Yes ☐ No

#	Date	Type of Claim	What Happened	Amount Paid	Open / Closed
1					
2					
3					
4					

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Type of Claim: Property / General liability / Auto / Workers' comp / Professional / Cyber / Bond / Other • Open / Closed: Closed / Open

Loss runs (claims history reports from your current or prior insurance company) help underwriters review your account. You can attach them with this worksheet. If you don't have them, an agent can request them for you.

Loss runs attached?

Options: Yes · No · Will send later

Years of loss runs (e.g. 2021-2026)

Other Coverages You'd Like Quoted (optional)

Check any that interest you

☐ Employment Practices (EPLI) ☐ Directors & Officers (D&O) ☐ Crime / Employee Theft ☐ Liquor Liability ☐ Equipment Breakdown
☐ Builder's Risk ☐ Garage / Auto Dealers ☐ Flood ☐ Special Events ☐ Farm / Agribusiness ☐ Key Person Life
☐ Employee Benefits / Group Health

Church & Non-Profit — Organization

Type of Organization

Options: Church / House of worship · Ministry / Para-church · Non-profit / Social services · Private school · Daycare / Preschool · Civic / Fraternal / Club · Other

Denomination / Affiliation

Average Weekly Attendance

Members

Services / Gatherings per Week

Annual Operating Budget

Paid Staff

Regular Volunteers

501(c)(3) Status?

Options: Yes · No · Not sure

Church & Non-Profit — Activities & Safety

Activities and programs you offer

☐ Daycare / Preschool ☐ Private school ☐ Youth ministry / programs ☐ Overnight trips / Camps ☐ Mission trips ☐ Counseling
☐ Food pantry / Meals ☐ Sports / Gym / Recreation ☐ Rent facilities to outside groups ☐ Weddings / Events ☐ Cemetery
☐ Transportation (vans / buses) ☐ Livestream / Online services

Transportation

12–15 Passenger Vans

Buses

Drivers Screened (MVR / age 25+)?

Options: Yes · No · Not sure

Background checks for all staff and volunteers who work with children or youth?	☐ Yes	☐ No	
Written abuse-prevention policy (for example, a two-adult rule)?	☐ Yes	☐ No	
Has there ever been an allegation of abuse or molestation?	☐ Yes	☐ No	If yes, please explain

Valuable Items (organ, stained glass, sound / AV equipment): describe and estimate value

Coverages of interest

☐ Directors & Officers ☐ Abuse / Molestation liability ☐ Pastoral counseling ☐ Employment practices ☐ Crime / Fidelity
☐ Volunteer accident ☐ Special events ☐ Hired & non-owned auto

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Buildings & Business Property

Fill in one block per building. If you rent your space, skip the building details you don't know and list the value of your contents and improvements.

Building 1

Address or Location #

What the Building Is Used For

Do You Own or Rent It?
Options: Own the building · Rent / Lease (tenant) · Own & rent part to others

Year Built

Total Square Feet

Square Feet You Use

Construction
Options: Frame (wood) · Brick / block walls, wood roof (joisted masonry) · Metal building (non-combustible) · Masonry walls, metal or concrete roof · Fire resistive (concrete / steel) · Not sure

Stories

Roof Covering
Options: Shingle · Metal · Flat / Membrane (TPO, EPDM) · Built-up / Tar & gravel · Tile / Slate · Other

Roof Updated (year)

Wiring Updated

Plumbing Updated

Heating / HVAC Updated

Sprinkler System
Options: Yes - entire building · Partial · None

Fire Alarm
Options: Central station monitored · Local alarm only · None

Burglar Alarm
Options: Central station monitored · Local alarm only · None

Feet to Fire Hydrant

Miles to Fire Station

Other Tenants in the Building

Amounts of insurance

Building Value (cost to rebuild)

Contents (equipment, furniture, inventory)

Business Income / Extra Expense

Improvements You Made to Rented Space

Pay Claims At
Options: Replacement cost · Actual cash value · Not sure

Deductible
Options: $500 · $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Mortgage Company / Loss Payee

Building 2

Address or Location #

What the Building Is Used For

Do You Own or Rent It?
Options: Own the building · Rent / Lease (tenant) · Own & rent part to others

Year Built

Total Square Feet

Square Feet You Use

Construction
Options: Frame (wood) · Brick / block walls, wood roof (joisted masonry) · Metal building (non-combustible) · Masonry walls, metal or concrete roof · Fire resistive (concrete / steel) · Not sure

Stories

Roof Covering
Options: Shingle · Metal · Flat / Membrane (TPO, EPDM) · Built-up / Tar & gravel · Tile / Slate · Other

Roof Updated (year)

Wiring Updated

Plumbing Updated

Heating / HVAC Updated

Sprinkler System
Options: Yes - entire building · Partial · None

Fire Alarm
Options: Central station monitored · Local alarm only · None

Burglar Alarm
Options: Central station monitored · Local alarm only · None

Feet to Fire Hydrant

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Miles to Fire Station

Other Tenants in the Building

Amounts of insurance

Building Value (cost to rebuild)

Contents (equipment, furniture, inventory)

Business Income / Extra Expense

Improvements You Made to Rented Space

Pay Claims At

Options: Replacement cost · Actual cash value · Not sure

Deductible

Options: $500 · $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Mortgage Company / Loss Payee

Have more than 2? Copy this page or list the others in the notes.

Commercial Property — Coverage Options

Causes of Loss Covered

Options: Special form (broadest) · Broad form · Basic form · Not sure

Coinsurance

Options: 80% · 90% · 100% · Agreed value · Not sure

Optional coverages

☐ Equipment breakdown ☐ Ordinance or law ☐ Sewer / drain backup ☐ Spoilage ☐ Utility service interruption ☐ Outdoor signs
☐ Inflation guard ☐ Theft ☐ Flood (separate policy) ☐ Earthquake

Seasonal Inventory Peak (month and amount)

Is any building vacant, unoccupied or under renovation? ☐ **Yes** ☐ **No**

If yes, please explain

Business Owners Policy (BOP) — Coverage Choices

A BOP combines your building / contents coverage and general liability in one policy. The Buildings and Liability sections of this worksheet go with it.

Liability Limits (each occurrence / aggregate)

Options: $300,000 / $600,000 · $500,000 / $1,000,000 · $1,000,000 / $2,000,000 · $2,000,000 / $4,000,000 · Not sure

Property Deductible

Options: $500 · $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Optional coverages to quote

☐ Hired & non-owned auto ☐ Employment practices (EPLI) ☐ Data breach / Cyber ☐ Employee theft / Crime ☐ Equipment breakdown
☐ Professional liability ☐ Sewer / drain backup ☐ Spoilage ☐ Outdoor signs ☐ Money & securities ☐ Accounts receivable
☐ Tools & equipment ☐ Liquor liability ☐ Blanket additional insureds ☐ Blanket waiver of subrogation

General Liability — Limits & Operations

Liability Limits (each occurrence / aggregate)

Options: $500,000 / $1,000,000 · $1,000,000 / $2,000,000 · $2,000,000 / $4,000,000 · Not sure

Liability Deductible

Options: None · $500 · $1,000 · $2,500 · Not sure

Your operations

Break out your work by type if you do more than one thing (for example: 70% HVAC service, 30% new installs).

#	Type of Work or Product	% of Revenue	Annual Sales	Annual Payroll
1				
2				
3				

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

#	Type of Work or Product	% of Revenue	Annual Sales	Annual Payroll
4				

General Liability — Questions

Do customers or the public come to your location? ☐ Yes ☐ No

About How Many Visitors per Week?

Do you work at customers' homes, businesses or job sites? ☐ Yes ☐ No — If yes, please explain

Do you make, sell, import, install or repair products? ☐ Yes ☐ No

What Products?

% Imported from Outside the U.S.

Are you a contractor or tradesperson (construction, roofing, HVAC, electrical, landscaping, etc.)? ☐ Yes ☐ No

Contractors

% Residential | **% Commercial** | **% New Construction** | **% Remodel / Repair**

Highest You Work (feet) | **Deepest You Dig (feet)** | **Written Contracts with Customers?**

Options: Always · Sometimes · No

Any roofing, demolition, blasting, crane work, or work on buildings over 3 stories? ☐ Yes ☐ No — If yes, please explain

Any work on condos, townhomes or tract-home developments? ☐ Yes ☐ No — If yes, please explain

Do your subcontractors sign hold-harmless agreements and name you as additional insured? ☐ Yes ☐ No

Do you sell, serve or furnish alcohol? ☐ Yes ☐ No

% of Sales from Alcohol

Pool, playground, fitness equipment, rides or other recreation on site? ☐ Yes ☐ No — If yes, please explain

Do you host or sponsor events, festivals or parties? ☐ Yes ☐ No — If yes, please explain

Do customers, landlords or contracts require additional insured, primary & non-contributory, or waiver of subrogation? ☐ Yes ☐ No — Who requires it?

Do you rent or lease equipment to others? ☐ Yes ☐ No — If yes, please explain

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Commercial Auto — Vehicles

Include trailers. A copy of your registrations works too: upload it with your dec pages.

#	Year	Make & Model	VIN	Body Type	Weight (GVW)	Cost New / Value	Garaged ZIP	How Far It Goes	Coverage	Lienholder
1										
2										
3										
4										
5										
6										
7										
8										

How Far It Goes: Local (under 50 mi) / 50–200 miles / Over 200 miles • Coverage: Full coverage / Liability only

Commercial Auto — Drivers

List everyone who drives a business vehicle, including part-time drivers and family members.

#	Full Name	Date of Birth	License #	State	Years Driving	CDL?	Accidents / Tickets (3 yrs)
1							
2							
3							
4							
5							
6							
7							
8							

CDL?: No / Yes

Commercial Auto — Coverage & Use

Liability Limit

Options: $300,000 combined single limit · $500,000 combined single limit · $1,000,000 combined single limit · 100/300/100 split limits · 250/500/100 split limits · Not sure

Uninsured / Underinsured Motorist

Options: Same as liability · Lower limit · Not sure

Comprehensive Deductible

Options: $250 · $500 · $1,000 · $2,500 · Not sure

Collision Deductible

Options: $500 · $1,000 · $2,500 · Not sure

Medical Payments

Options: $1,000 · $5,000 · None · Not sure

Optional coverages

☐ Rental reimbursement ☐ Towing & labor ☐ Hired & non-owned auto ☐ Loan / lease gap ☐ Additional insured / lessor
☐ Waiver of subrogation ☐ Motor truck cargo ☐ Trailer interchange ☐ Pollution (haulers)

Do you have a USDOT or MC number, or haul goods for others? ☐ Yes ☐ No

USDOT #

MC #

% Hauling for Others

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

What Do You Haul?

Do employees or family members drive business vehicles home or for personal use?	☐ Yes	☐ No	If yes, please explain
Do employees use their own cars for business errands?	☐ Yes	☐ No	If yes, please explain
Are any business vehicles titled in an owner's personal name?	☐ Yes	☐ No	If yes, please explain
Do you pull trailers or tow other vehicles?	☐ Yes	☐ No	If yes, please explain
Do you haul hazardous materials that need placards?	☐ Yes	☐ No	If yes, please explain
Do you check driving records (MVRs) before hiring drivers and every year after?	☐ Yes	☐ No	

Workers' Compensation — Owners & Officers

Owners and officers can often choose to be covered (included) or not (excluded). Your agent will explain the rules in your state.

#	Name	Title	Ownership %	Duties	Annual Pay	Include or Exclude?
1						
2						
3						
4						

Include or Exclude?: Include / Exclude / Not sure

Workers' Compensation — Employees by Job

Group employees by the kind of work they do, for example: office / clerical, outside sales, installers, drivers.

#	State	Job Title & What They Do	Class Code (if known)	# Full-Time	# Part-Time	Estimated Annual Payroll
1						
2						
3						
4						
5						
6						

Workers' Compensation — Questions

States where your employees work

☐ NC ☐ SC ☐ GA ☐ TN ☐ WV ☐ Other

Experience Mod (if known)

Employer's Liability Limits

Options: $100,000 / $500,000 / $100,000 · $500,000 / $500,000 / $500,000 · $1,000,000 / $1,000,000 / $1,000,000 · Not sure

Any work over 15 feet high, underground, or over or near water?	☐ Yes	☐ No	If yes, please explain

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Do employees travel out of state for work?	☐ Yes	☐ No	If yes, please explain
Do you use leased, temporary, seasonal or volunteer workers?	☐ Yes	☐ No	If yes, please explain
Any employees under 16 or over 60?	☐ Yes	☐ No	If yes, please explain
Do you transport employees (for example, a crew in a company truck)?	☐ Yes	☐ No	If yes, please explain
Are employees exposed to toxic, radioactive or other hazardous materials?	☐ Yes	☐ No	If yes, please explain
Do you have a drug-free workplace or return-to-work program?	☐ Yes	☐ No	

Commercial Umbrella / Excess

Umbrella Limit You Want

Options: $1,000,000 · $2,000,000 · $3,000,000 · $5,000,000 · $10,000,000 · Not sure

The umbrella sits on top of these policies. If we are quoting them on this worksheet, just note "quoting".

#	Coverage	Insurance Company	Limits	Expiration	Quote It With Us Too?
1					
2					
3					
4					
5					

Coverage: General liability / Commercial auto / Employer's liability (WC) / Liquor liability / Professional / Other • Quote It With Us Too?: Yes / No

Any heavy trucks or tractors (over 26,000 lbs), buses, or more than 25 vehicles?	☐ Yes	☐ No	If yes, please explain
Do you own or use aircraft, drones or watercraft for the business?	☐ Yes	☐ No	If yes, please explain
Any work on towers, bridges, rail, mines, aviation or amusement rides?	☐ Yes	☐ No	If yes, please explain
Have you had an umbrella or excess policy before?	☐ Yes	☐ No	Company and limit

Professional Liability / Errors & Omissions

Your Profession / Services

Professional Licenses / Certifications

Years in This Profession

Number of Licensed Professionals

Revenue from Professional Services (12 mo)

Largest Client (% of Revenue)

Limits (each claim / aggregate)

Options: $250,000 / $500,000 · $500,000 / $1,000,000 · $1,000,000 / $1,000,000 · $1,000,000 / $2,000,000 · $2,000,000 / $2,000,000 · Not sure

Deductible

Options: $1,000 · $2,500 · $5,000 · $10,000 · Not sure

Break out your services by percentage of revenue.

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

#	Service You Provide	% of Revenue
1		
2		
3		
4		

Do you use written contracts or engagement letters with every client? ☐ Yes ☐ No

Do you have professional liability (E&O) now? ☐ Yes ☐ No

Current E&O Company

Retroactive Date (on your dec page)

Any professional claims, complaints or disciplinary actions in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Are you aware of any mistake or situation that could lead to a claim? ☐ Yes ☐ No — If yes, please explain

Do you hire others to do professional work for your clients? ☐ Yes ☐ No — If yes, please explain

Any work with investments / securities, medical treatment, structural design, or software for critical systems? ☐ Yes ☐ No — If yes, please explain

Inland Marine — Equipment Schedule

List each item worth $5,000 or more (mowers, skid steers, trailers you do not register, lifts, etc.). Smaller tools go below as one total.

#	Year	Make / Model / Description	Serial # / VIN	Replacement Value	Owned, Financed or Leased	Lienholder
1						
2						
3						
4						
5						
6						
7						
8						

Owned, Financed or Leased: Owned / Financed / Leased

Inland Marine — Tools, Property in Transit & Floaters

Small Tools & Equipment (total value)

Most Valuable Single Tool

Where Is Equipment Kept Overnight?

Security (locked, fenced, GPS…)

Deductible

Options: $250 · $500 · $1,000 · $2,500 · Not sure

Do you rent or borrow equipment from others? ☐ Yes ☐ No

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Annual Rental Cost

Do you have customers' property in your care (repair, storage, cleaning)? ☐ Yes ☐ No

Most Customer Property at One Time

Other floaters to quote

☐ Installation floater ☐ Builder's risk ☐ Motor truck cargo / goods in transit ☐ Computers & electronics ☐ Signs ☐ Fine arts / Valuables
☐ Accounts receivable ☐ Valuable papers

Installation floater

Largest Single Job (materials + labor)

Total Installations per Year

Cyber Liability

Personal Records You Keep (customers + employees)

Options: Under 1,000 · 1,000 – 10,000 · 10,001 – 100,000 · Over 100,000 · Not sure

Cyber Limit You Want

Options: $100,000 · $250,000 · $500,000 · $1,000,000 · $2,000,000 or more · Not sure

Types of information you store

☐ Credit / debit cards ☐ Social Security numbers ☐ Health / medical records ☐ Bank account numbers ☐ Driver's license numbers
☐ None of these

Who Handles Your Computers / IT?

Options: Outside IT company · In-house IT staff · Owner or employee part-time · No one in particular

% of Sales Made Online

Do you use multi-factor authentication (a code or app) for email and remote access? ☐ Yes ☐ No

Are your files backed up regularly to the cloud or a drive kept off your network? ☐ Yes ☐ No

Is antivirus / endpoint protection on every computer? ☐ Yes ☐ No

Are computers and software kept updated (automatic updates on)? ☐ Yes ☐ No

Do employees get training on phishing and email scams? ☐ Yes ☐ No

Do you confirm wire-transfer or payment-change requests by phone before paying? ☐ Yes ☐ No

If you take cards, do you use a payment processor / are you PCI compliant? ☐ Yes ☐ No

Any data breach, ransomware, hacked email or payment fraud in the past 5 years? ☐ Yes ☐ No — If yes, please explain

Surety & Bonds

Type of Bond Needed

Options: Contract bond (bid, performance & payment) · License & permit bond · Notary bond · Court / probate / fiduciary bond · Fidelity / employee dishonesty (ERISA) · Public official bond · Auto dealer / title bond · Other / Not sure

Bond Amount

Needed By

Who Requires the Bond (obligee)

State / County / City

Term

Options: 1 year · 2 years · Length of project · Other

Business Insurance Quote Questionnaire — Complete Package

Fill in what you know — leave blanks for anything you're unsure of. An agent will gladly help with the rest.

Contract bonds only

Project Description & Location

Contract Amount

Bid Date

Largest Job Completed

Bonding Needed — Single Job

Bonding Needed — Total Program

Current Work on Hand (backlog)

Current Surety Company (if any)

CPA-Prepared Financial Statements?

Options: Audited · Reviewed · Compiled · Tax returns only · Not sure

Any bond claims, defaults, or jobs left unfinished? ☐ **Yes** ☐ **No**

If yes, please explain

Bond companies usually need the owners' indemnity agreement, a credit authorization and financial statements. Your agent will collect these securely. Please do not type Social Security numbers here. You can upload the bond form or requirement letter with your dec pages below.

Notes & Authorization

Additional Notes or Questions for Your Agent

Helpful to include: current declarations pages, loss runs (3–5 years), vehicle registrations, equipment list, and (for bonds) financial statements. Please do NOT include Social Security numbers, bank account numbers, or payment card numbers.

DISCLAIMER: This worksheet is for quotation purposes only and does not bind coverage. By signing, you authorize Maxwell B. Hamrick Insurance Agency, Inc. and the insurance companies it represents to obtain loss history, motor vehicle reports, and business credit or financial information as needed to prepare accurate quotes.

Signature (type full name)

Title

Date

Return completed form to state@mbhamrickins.com — or bring to Boiling Springs or Shelby — Questions? 1-800-993-3800