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## BUSINESS OWNER'S POLICY QUESTIONNAIRE

**Broker: Venture Insurance Services - fax: 866-726-8443**

Applicant Name: \_\_\_\_\_

Applicant DBA: \_\_\_\_\_

(In this questionnaire the Applicant is referred to as "you")

- Physical Address: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_
- Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_
- Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_
- Year Business Started: \_\_\_\_\_ Years of Experience: \_\_\_\_\_
- Organization Type:  
Individual: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_
- Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- Federal Tax ID number \_\_\_\_\_

Requested Effective Date or Current Expiration Date: \_\_\_\_\_

1. Describe your business operations:
  
2. How many owners, partners and/or corporate officers are there? Owners: \_\_\_\_\_  
Partners: \_\_\_\_\_ Corporate Officers: \_\_\_\_\_
  
3. How many employees are there? Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_

4. What is the total annual payroll amount for the following?  
 Owners, Partners or Corporate Officers: \$ \_\_\_\_\_  
 Full-Time (not including owners, partners or corporate officers): \$ \_\_\_\_\_  
 Part-Time (not including owners, partners or corporate officers): \$ \_\_\_\_\_
5. What is the total annual gross revenue or sales? \$ \_\_\_\_\_
6. On average, how many hours per day does your business operate? \_\_\_\_\_  
 Days per week? \_\_\_\_\_
7. Do you have ownership interest in any other business? Yes \_\_\_ No \_\_\_
8. Do you lease employees to or from other employers? Yes \_\_\_ No \_\_\_
9. Have any of your business insurance policies been declined, non-renewed or cancelled in the last three (3) years? Yes \_\_\_ No \_\_\_

### **Building & Property Information**

1. What is the total square footage of the building you occupy? \_\_\_\_\_
2. What is the total square footage of your business only? \_\_\_\_\_
3. Do you lease or own the building your business is located in? \_\_\_\_\_
4. Value of building, if owned? \_\_\_\_\_
5. Value of Business Personal Property? \_\_\_\_\_
6. Value of computer equipment & software? \_\_\_\_\_
7. How frequently do you deposit cash to the bank? \_\_\_\_\_
8. What is the maximum amount of money kept at your location overnight? \_\_\_\_\_
9. How many units does the building have? \_\_\_\_\_
10. How many stories is the building? \_\_\_\_\_
11. If two or more stories, what is the ground floor square footage? \_\_\_\_\_
12. What is the construction type? \_\_\_\_\_

13. What type of roof covering? \_\_\_\_\_  
When was the roof last replaced? \_\_\_\_\_
14. If the building is over 20 years old indicate provide the following:  
What year was the plumbing last updated? \_\_\_\_\_  
What year the electrical last updated? \_\_\_\_\_  
What year was the heating/AC last updated? \_\_\_\_\_  
What type of heating does the building have? \_\_\_\_\_
15. What is the distance of the nearest fire hydrant? Ft. \_\_\_\_\_
16. What is the distance of the nearest fire department in miles? \_\_\_\_\_
17. What year was the building built? \_\_\_\_\_
18. Does the building have working fire sprinklers? Yes \_\_\_ No \_\_\_
19. Is there a fire alarm? Yes \_\_\_ No \_\_\_
20. Is there are burglar alarm? Yes \_\_\_ No \_\_\_

**Coverage Information**

1. List Prior Insurance Carriers (if no coverage enter NONE):

	Policy Year	Insurance Carrier	Policy Number
Current Year			
First Prior Year			
Second Prior Year			
Third Prior Year			

2. Was any policy canceled or non-renewed in the past 3 years? Yes \_\_\_ No \_\_\_
3. Describe and property or general liability losses or claims in the last 5 years with amount paid for each loss or claim?
4. Is or are there presently any "open" claim(s) being handled by any prior carrier, regardless of age of claim? Yes \_\_\_ No \_\_\_

5. Do you have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against you? Yes \_\_\_ No \_\_\_
6. Have you filed for bankruptcy in the past 5 years? Yes \_\_\_ No \_\_\_

#### APPLICANT'S STATEMENT

1. I hereby attest that the information contained herein is true and accurate to the best of my knowledge, information and belief.

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Signature and Date