

Customer Information: **Referred by:** _____

Legal Name _____
 Street/City/St/ZIP _____
 Phone: _____ Fax _____ Email _____
 Best time & method to contact you? _____
 Years in Business _____ Years Experience _____ Number of Locations: _____
 Describe your Business Operations: _____
 # of Employees _____ Legal Entity: Corp ___ Individual ___ Partnership ___ LLC ___

Property Insurance Information:

Location address: _____
 Square Footage you occupy _____ Alarm: None ___ Central Station ___ Local ___
 Number of Stories _____ Sprinkler System ___ Total Bldg Square Footage _____
 Building Limit: \$ _____ Contents Limit \$ _____ Deductible \$ _____
 Year Built _____ If building is older than 25 years, please indicate when, if at all, the roof, plumbing, heating and wiring were updated _____

Liability Insurance Information:

Business Liability Limit \$ _____ Do you have a Business Auto Policy? _____
 Gross Annual Sales/Receipts \$ _____ Any other Entities to be covered? _____

| Annual Exposures by Classification | <u>Type of Work</u> | <u>Payroll</u> | <u>Sales</u> |
|------------------------------------|---------------------|----------------|--------------|
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |
| | _____ | \$ _____ | \$ _____ |

Describe Subcontracted Work (by type) and Annual Amount paid to subcontractors:

| <u>Type of Work</u> | <u>Cost</u> |
|---------------------|-------------|
| _____ | \$ _____ |
| _____ | \$ _____ |

Inland Marine Information:

Miscellaneous Tools & Equipment Total Value \$ _____
 Scheduled Equipment Total Value \$ _____
 Leased or Rented Equipment \$ _____

Commercial Auto Information:

Limit of Liability \$ _____

Comprehensive Deductible \$ _____ Collision Deductible \$ _____

Vehicle Information

| Year | Make | Model | VIN |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Driver Information

| Name | Date of Birth | License Number |
|-------|---------------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Are you aware of any tickets or accidents in the last 5 years for any driver? _____

Remarks: _____

Prior Carrier Information:

Current Insurance Carrier _____ Expiration Date: _____

Current Premium(s) \$ _____

List any claims you may have had in the past 3 years:

Date: _____ Description _____ Amt Paid \$ _____

Date: _____ Description _____ Amt Paid \$ _____

Please return this questionnaire to:
 InPro Insurance Group, Inc.
 PO Box 99100 Troy MI 48099
 Phone: 248-526-3260 Fax: 248-526-3261
 Email: experts@inproagent.com