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## Marc Kaplan – Broker

### GENERAL QUESTIONNAIRE

#### BUSINESS INFORMATION

1. Business Name: \_\_\_\_\_
- Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
- Number of years at this location: \_\_\_\_\_ Age of the building: \_\_\_\_\_
- Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_
- Cell: \_\_\_\_\_ Fax: \_\_\_\_\_
- E-Mail Address: \_\_\_\_\_
- Web Site: \_\_\_\_\_
- Operation Hours: \_\_\_\_\_ # of Daily Shifts: \_\_\_\_\_
- Federal Tax ID No.: \_\_\_\_\_ State Employers ID #: \_\_\_\_\_
2. If you are a contractor, please provide your contractor license number and class: \_\_\_\_\_
3. Are you a member of any trade or business association?  No  Yes
- If yes, please list: \_\_\_\_\_
4. Describe your business operations: \_\_\_\_\_
- How many years have you been in business? \_\_\_\_\_
- How many years experience in this industry? \_\_\_\_\_
- How is your business structured?  Corporation  Partnership  LLC  Sole Proprietor
5. Have you any bankruptcies, tax or credit liens?  No  Yes If yes, when? \_\_\_\_\_
6. Has any coverage been declined, cancelled or non-renewed during the prior five years?
- No  Yes If yes, when? \_\_\_\_\_

7. Please list the Names, titles, and percentage of ownership per owner, partner, officer or stockholder below. Also, with regards to Worker's Compensation, indicate whether they should be included or excluded.

Owner / Officer Name	Title	% of Ownership	Incl.	Excl.	Salary
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	
			<input type="checkbox"/>	<input type="checkbox"/>	

**Please attach the corresponding  
SECTION OF COVERAGE QUESTIONNAIRE  
which you are applying for and check the box below.**

- |                                                                |                                                                       |
|----------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> <b>General Liability</b>              | <input type="checkbox"/> <b>Business Auto</b>                         |
| <input type="checkbox"/> <b>Contractor's General Liability</b> | <input type="checkbox"/> <b>Business Property</b>                     |
| <input type="checkbox"/> <b>Excess or Umbrella Liability</b>   | <input type="checkbox"/> <b>Equipment</b>                             |
| <input type="checkbox"/> <b>Worker's Compensation</b>          | <input type="checkbox"/> <b>Builder's Risk/Course of Construction</b> |

Comments:

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The purpose of this Questionnaire, along with the corresponding sections attached to it, is to assist us in the underwriting process. Information contained herein and provided by you is specifically relied upon in determining your insurability. The undersigned, therefore, warrants that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

Signature of applicant:

Date:

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Print Name:

Title:

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