

**Multi-Line Agency, Inc.
Commercial Ins. Questionnaire**

Company Name/Owner

DBA

Federal Tax ID Number

Address

Phone: _____

Fax: _____

Business Description

Coverage

____ Property

____ Umbrella

____ Builders Risk

____ General Liability

____ Business Auto

____ Crime Coverage

____ Workers Compensation

____ Garage & Dealers

____ Equip. Floater

____ Glass & Sign

____ Truckers

____ Other

Commercial G.L.

Commercial Property

Worker's Compensation

Each Occurrence Limit

Address

Number of Employees

100k 200k 300k 1mil 2mil 3mil

Full time: _____

Part time: _____

Aggregate Limit

Year Built: _____

Annual Payroll Full time

200k 600k 2mil

Square Ft: _____

Estimated Gross Receipts

Roof type.: _____

Annual Payroll Part time

Const. Type: _____

Occupancy: _____

Updates: _____

Experience Modifier

(Submit Worksheet)

Property Value: \$ _____

Contents: \$ _____

Prior Insurance Carrier:

Policy Period:

_____ to _____

Multi-Line Agency, Inc.
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Commercial Auto Section

Number of Drivers: _____ Number of Vehicles: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Name: _____ D.O.B. _____ Married: Y or N

Drivers License #: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Year: _____ Make: _____ Model: _____ VIN #: _____

Current Vehicle Value: _____

Limit of Liability(CSL)

UIM/UIM

PIP/Medical Limit

Bodily Injury

Bodily Injury

2500/500/10,000

25/50/100/250/500/1mil

25/50/100/250/500/1mil

Property Damage

Property Damage

Comp/Coil Deductible

25/50/100/250/500/1mil

25/50/100/250/500/1mil

500/1000/2500