



COMMERCIAL INSURANCE QUESTIONNAIRE

Return via email to steven@marcusagent.com or FAX (866)669-0081

BUSINESS INFORMATION

Business Name: Fed Tax ID#

Business Entity:
 Individual LLC Partnership Corporation Other:

Year Business Established: Coverage effective date:

Property Address:

Contact Name: Phone # Email:

Mailing/Billing Address:

Description of business operations:

Do you own the building? *If Yes- Building Value/Replacement Cost Limit: \$

IF BUILDING IS LEASED, PROVIDE LANDLORD INFORMATION

Full Name: Address:

Business Personal Property/Contents Value: \$ Business Income Limit: Year Building Was Constructed:

*If more than 25 years old, provide update year for:
Wiring: Plumbing: Roof: Heating:

Construction of Building:
 Joisted Masonry Frame Masonry Non-Combustible Steel Frame Non-Combustible

Roof shape and material:

Square Footage Occupied: Square Footage of Entire Building Number of Stories in Building:

Is the building sprinklered? What percentage?

Does the building have a central monitored alarm system? Monitored Fire Alarm? Estimated Gross Annual Revenues: \$