

This questionnaire supplies *MazzaBaker Insurance & Financial Services, LLC* with the general information needed to start most commercial applications for quote, additional information will be needed.

Completing **this questionnaire does not commit you in anyway to purchase coverage** through *MazzaBaker Insurance & Financial Services, LLC* and **completing this questionnaire does not bind any coverage or guarantee acceptance** by any carrier or *MazzaBaker Insurance & Financial Services, LLC*.

BOLD AREAS MUST BE COMPLETE

Company Contact: _____
Company Name: _____ **Company Start Date:** ___/___/___
Tax-ID or S.S. #: _____

Company Type (Select 1):

___ Individual ___ Partnership ___ Corporation ___ Subchapter "S" Corporation
 ___ Non-Profit ___ Joint Venture ___ LLC – No. of Members (___)/ Managers (___)

Physical Address: _____ **City:** _____ **State:** _____ **Zip:** _____
 (Please attach physical additional addresses)

Mailing Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone: (____) _____ - _____ **Fax:** (____) _____ - _____ **Email:** _____

Type of coverage(s) - (Mark all quotes requested):

- | | |
|-------------------------------------------|----------------------------------------|
| ___ A/R – Valuable Papers | ___ Equipment Breakdown and/or Floater |
| ___ Auto - Commercial | ___ Garage and/or Dealer |
| ___ Builders Risk / Installation | ___ Inland Marine |
| ___ Business Income | ___ Liquor Liability |
| ___ Business Owners (BOP) | ___ Medical Malpractice |
| ___ Commercial General Liability | ___ Pollution |
| ___ Commercial Package | ___ Professional Liability |
| ___ Commercial Property | ___ Transportation |
| ___ Commercial Umbrella | ___ Truckers |
| ___ Crime | ___ Workers' Compensation |
| ___ Directors & Officers | ___ Benefits |
| ___ Electronic Date | ___ Payroll / PEO |
| ___ Employment Practices Liability (EPLI) | ___ Other: _____ |

General Questions (For “yes” please note question # and explain in remarks at bottom of page):

- a. Is the applicant a subsidiary or another entity..... Yes No
- b. Does applicant have subsidiaries..... Yes No
- 2. Is a formal safety program in place..... Yes No
- 3. Exposure to flammables, explosives, chemicals..... Yes No
- 4. Any other commercial insurance in place..... Yes No
- 5. Policy or coverage declined, cancelled or non-renewed during last 3 years..... Yes No
- 6. Any claims or losses relating to sexual abuse or molestation allegations, discrimination or negligent hiring..... Yes No
- 7. Has applicant ever been indicted or convicted of the crime or Fraud, Bribery, Arson or any other Arson related crimes..... Yes No
- 8. Any uncorrected fire code violations..... Yes No
- 9. Bankruptcy, tax or credit liens against applicant in the past 5 years..... Yes No
- 10. Any judgment or liens in the last 5 years..... Yes No
- 11. Is the business placed in a trust..... Yes No
- 12. Any foreign operations, foreign products distributed in the USA, or US products sold/distributed in foreign countries..... Yes No
- 13. Does applicant have other business ventures for which coverage is not requested.. Yes No

Remarks / Additional Info (Please explain any of the general questions answered “yes” above):

Attach an additional page if more space is needed.

We'd like to know where your current coverage is, limits and are you happy (**optional**). In addition to wanting the opportunity to compete for your other lines of business, we would like to review coverage in place so that we can advise you of any possible gaps in coverage to better protect your company assets. We are a full service commercial agency and would like to better help you protect assets whether we are your agent or not.

General / Professional Liability:

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Workers' Compensation:

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Group Medical (Employee Benefits):

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Auto – Commercial:

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Property – Commercial:

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Other Coverage (_____)

Agency: _____ Carrier: _____ Renewal: ___/___/___ Limits: _____

Are you happy with the above agency/agencies service(s)?