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Premier Businessowner Policy - Questionnaire

**** If possible please attach current policy declarations pages and any loss information to help us return a firm quote**

Name: _____ Effective Date: _____

DBA: _____ FEIN# _____

Organization: Sole Proprietor Partnership Corporation LLC Non-Prof Other: _____

Mailing Address: _____

Physical Address: _____

General Liability Information

Nature of Business: _____

Liability Coverage Desired: 500K 1 Million 2 Million Other: _____

Deductible: \$500 \$1,000 \$2,500 Other: _____

Estimated Total Annual Receipts: _____ Umbrella Coverage Amt: _____
(if needed)

Property Information

*** If more than one location is needed, Please attach a schedule and duplicate the below information for each

Property Interest: Owned Leased Leased w/building Coverage

Construction Type & Year Built: _____ % of Building you Occupy _____

Building Limit _____ Contents _____

Alarm Systems: Burglar Fire Both SQ Ft: _____

Sprinkler System: Yes No % Protected _____

Work Comp Information

Enter the following that is expected for the next 12 month period

Class Code Estimated Annual Payroll Class Code Estimated Annual Payroll

Auto Information

Liability Coverage: 300k 500k 1 Million

(Mark -0- of no coverage is desired for comp or collision)

Vin # Vehicle Description Comprehensive Deductible Collision Deductible

