



COMMERCIAL STUDIO QUOTE QUESTIONNAIRE

Applicant Name:	Phone #:
Mailing address: City: _____ State: _____ Zip: _____	Fax #:
Location address: City: _____ State: _____ Zip: _____	Email:
Type of business:	FEIN:
Business Entity: Corporation Partnership Individual LLC	
Has any coverage been canceled, declined or non-renewed within the last 3 years? Yes No If Yes why?	
Current Insurance Carrier:	Exp. Date:

PROPERTY INFORMATION

Building Value: \$	Contents Limit: \$
Deductible: \$	
Year built:	Construction Type:
Square Footage:	Protection Class:
# of Stories:	Fire District:
Burglar Alarm? Yes No	Type: _____ (Central Station, direct, local)
Fire Alarm? Yes No	Type: _____ (Central Station, direct, local)

BUILDING IMPROVEMENTS

<input type="checkbox"/> Wiring Year _____	<input type="checkbox"/> Plumbing Year _____
<input type="checkbox"/> Roofing Year _____	<input type="checkbox"/> Heating Year _____
<input type="checkbox"/> Other Year _____	

GENERAL LIABILITY

Estimated Annual Receipts: \$ _____
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Please note that additional information may be required based on how the above questions are answered.